Film#GLOO 5/20/68 ph W. PRESTON STREET, BALTIMORE, MARYLAND 21201

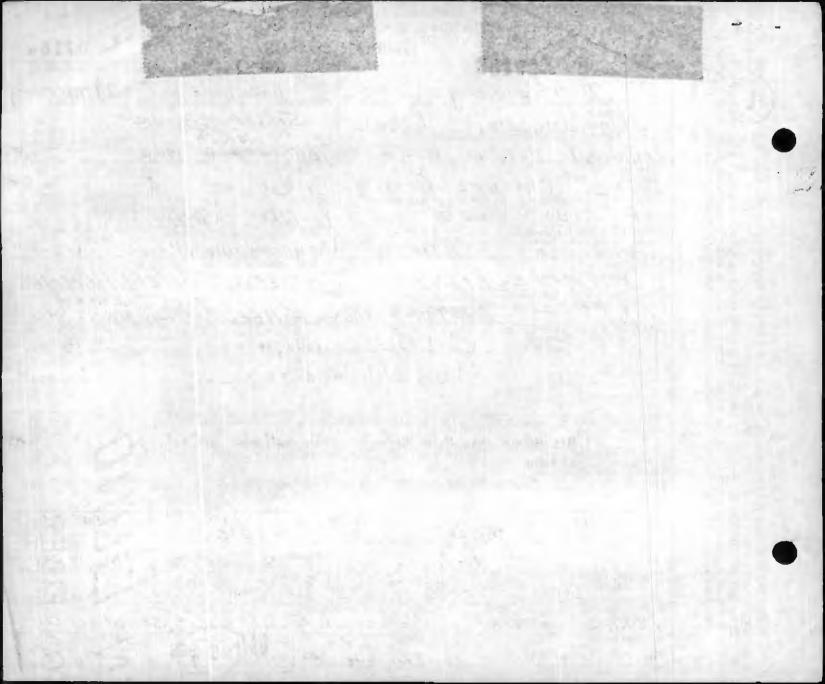
CERTIFICATE OF DEATH

	20 m d 20 15	
1	PLACE OF DEATH 300100	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	o. COUNTY montgom ery MARYLAND	o. STATE man I and b. COUNTY monterner
	b. CITY OR TOWN (If outside corporate limits, / C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	SILVER SPRING
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS 1. 10 PT21 e 15 RESIDENCE
1	University nursing Home	980292069 AUR ON A FARM?
3.	NAME OF First Middle	Last 4. DATE Month Doy Year
	(Type or print) Charlotte Gertrude	Abel DEATH 5 2 19 68
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2	8 DATE OF BIRTH 8 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	MIDOWED DIVORCED .	5/26/1886 81/24/vrs. 100113 110015
100	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY?
GUI	ring most of working life, even if retired) INDUSTRY	Schhantsville, Panna 45A
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	YETMANE, KISNER	CATHERINE SHELL HAMMER
	1 4 1 100	NFORMANT OF Address OTH AVE
(1)	es, no, or unknown) (If yes give wor or dates of service) 569-05-3167 KE	NNETH ABEL STEVER SPRING MD
_	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	, INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CArdio vascular	Collapse ONSET AND DEATH
	3949 DUE TO NA + 1	
	(anditions, if any, which gave) (b) //ilra Valvul	ar disease Many years
	rise to immediate couse (o), Storing the underlying cause DUE TO	
	last. (c)	
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
CERTIFICATION	14/0x Carcinoma of bith breasts 4	with multiple metactages PERFORMED?
TEL	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)
ER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)
F	Haur a.m. p.m. 19 While Nor While of work of wark	ory, street, office bldg., etc.)
	21. I certify that (1) (this haspital) oftended the deceased fram	4/3 , 19 4 8, to 5/2 , 19 Solihat (1) (we) last
	saw the deceased alive an 5/1/68 19 and that	death accurred at 3 3 M, fram causes and an the date stated abave.
	220. SIGNATURE 1 1 1 1	22b. DATE SIGNED
	Sennet G. Porlow h. M.D	D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DI May 2,1468
	22c. PHYSICIAN'S DIA O +1	22d. ADDRESS O / // O) C/ O
	NAME (TYPE) Bennet A. Forter Jr. Mil	D. 9301 Colesville Kd., Silver Spring, Md.
230	O. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR (CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
-	1349/1991 5-4-68 Rock Cre	che Cem Webster St Wash D.C.
24	4. FUNERAL DIRECTOR ADDRESS D.C	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	rel. mi. Clarela Da.	Of MAY 6 1968 Schanley Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay Page 4 may be retained by the hospital or attending physician. 0

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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the flux director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 shauld be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 hours after VR A15 (4) 25M 1/67



07165

IF UNDER I YEAR

2b. HOUR

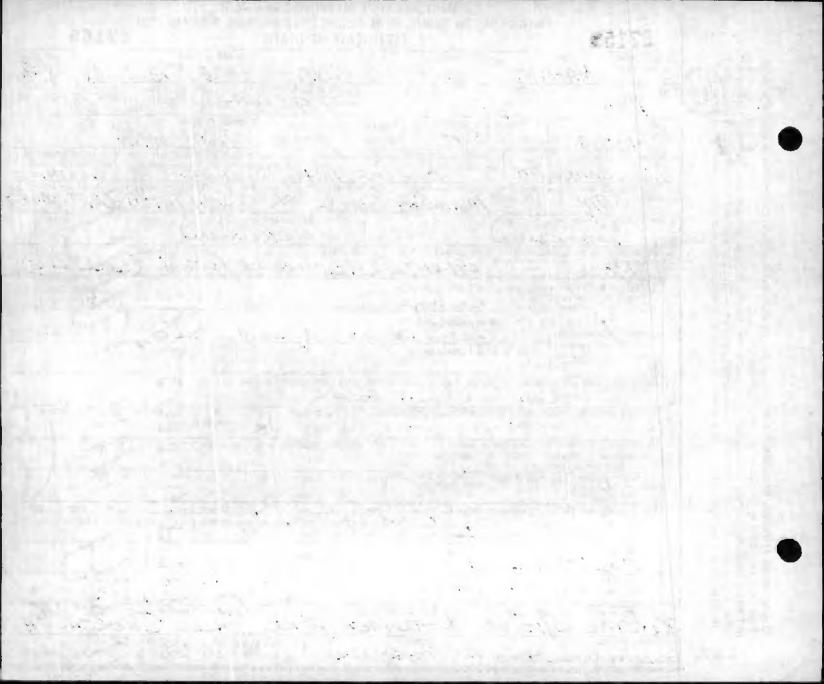
IF UNDER 24 HRS

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 20. DATE OF OEATH 1. DECEASED-NAME Middle (Type or print) S. DATE OF BIRTH 6. AGE (In years

requires that the death certificate be executed within 24 haurs ofter death the funera physicion and campletely fifted en please remove carban page signed by the buriol-tronsit p detached be retoined TO HOSPITAL (Page 4 may b

lost birthdoy) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED 50 WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF give street oddress) during most of working life, even if retired.) SILVER SpriNG MO CLOTHINE 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c, CITY_OR TOWN 135 COUNTY YES X 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle ONKNOW WUKNOER 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: weeks IMMEDIATE CAUSE (o) Conditions, if ony, which gove (b) (remoleted arterio selen rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) for use as the t f Health prior to t O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 190. DATE OF OPERATION TRACHEOSTONY FOR PNEUMONIA CAUSES OF DEATH? YES 🔲 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF CEATH P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY 1 AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED County Stote City or Town While Not while of work 220. I certify that (1) (this haspital) ottended the deceased from 21, 1962, to may 13, 1962, that (1) (6) last saw the deceased alive on may 13, 1962, and that in (my) (corr) opinion death accorded on the date and hour and from the couses stated obove, (1) (we) (did) (did-not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING director, page 3 should be filed w DEGREE PHYS. DIRECTOR 22d, PHYSICIAN'S 22e. ADDRESS 1106 NAME (Type) (ZNE NAME OF CEMETERY OR CREMATORY 23d. ADEATION (City or Town) (County) 250. REC'D BY REGISTRAR VR A15 (4) SOLDORE FOURALHOME 4217 9715. N.4 30M REV. 1/68 DATE



07160

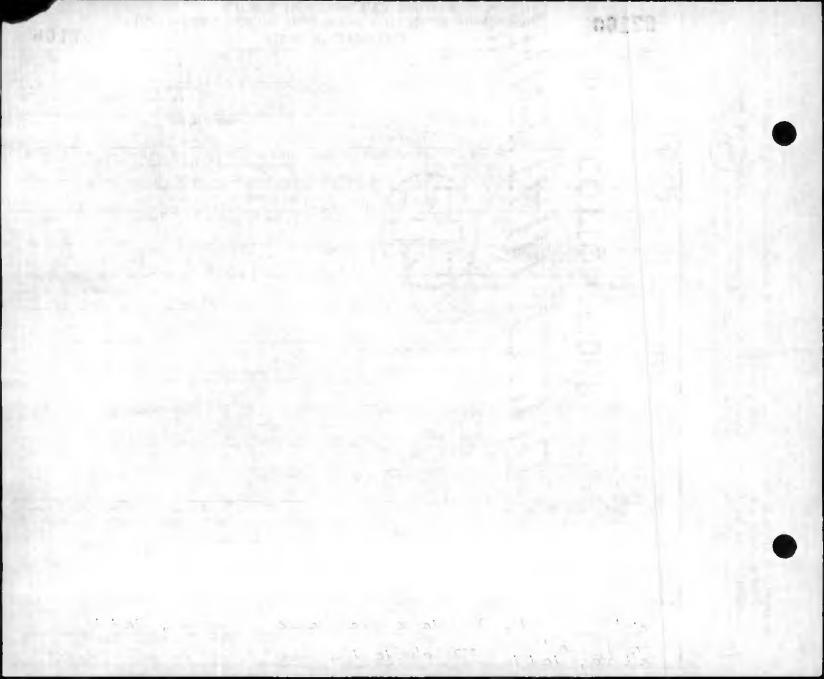
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17166

3	3. SEX	TRAN	4. RACE	Is.	DATE OF BIRTH.	6. AGE (In years	IF UNDER I YEAR IF U
	1	naly,	White		11/6/91	last birthday) 76 YRS.	MONTHS DAYS HO
	7a. B	IRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 9. CO	OUNTY OF DEATH	
	coun	MASS.	U.S.A	WIDOWED	1 -	TONTSOMERY	
10	1	ethes da	11. NAME OF HOSPITAL OR II give street address)	Hospiy	during most o	CUPATION (Kind of work dene f warking life, even if retired.)	12b. KIND OF BUSI INDUSTRY
3	admir	sian) STATE	ased lived, if institution: Residence before 13b. COUNTY	alexan	1 1955 - 110 -	130. STREET AND NUMBER 3505 Leesbu	Ry PiKE
3	14. F	ATHER'S NAME First	Middle Last	15. №	NOTHER'S MAIDEN NAME First	Middle	0
		WAS DECEASED EVER IN U.S. AR es, na, or unknown) (II yes give	RMED FORCES? (wor or dotes of service) Off - 09-57	-	DRMANT EANE AME	Address TR - 72 + PRES DEVO	vide Ave
		18. CAUSE OF DEATH (Enter a	inly one cause per line for (a), [6], and (c	1))	12 7	.//	APPROXIMATE I BETWEEN ONSET
		PART I. DEATH WAS CAUSE IMMEDI	ED BY: HATE CAUSE (a)	estin	Heart ta	luc	245
		4109	DUE TO, OR AS A CONSEQUENCE OF		1 0 1	-	1-70
		Conditions, if any, which gave rise to immediate cause (a),	(b) //	1 (and	el mylan	ction	1-10
		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	1. Lan	un clinario		
			ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE OR COND	TION GIVEN IN PART 1(a)	
	Z	4201					
	CERTIFICATION	19a. DATE OF OPERATION 19b	o. CONDITION FOR WHICH OPERATION WAS P	ERFORMED	20o. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIF
	3	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam	ATH HOUR A.M. Month Day Yea P.M.	19		ure of injury in Part 1 or Part 2,	Item 18.)
		at wark at wark	B. PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.			City ar Tawn	Caunty
		saw the deceased of	his hospital) attended the decear alive an 5 - 14/- ie, (1) (we) (did) (did nat) view the	1960, and t	hat in (my) (our) apiniar	, ta_3 - /5 19 n death accurred an the da	that (I) the and haur and
		226. SIGNATURE	a The street	DEGREE	ATTENDING MED. PHYS. MED. DIRECT	STAFF -	DATE SIGNED
		22d. PHYSICIAN'S			22e. ADDRESS		
1		NAME (Type)					



nin 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in ony event, within 72 haurs after the state Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death attending physician Rage 4 may be retained by the haspital or

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

00103			CERTIFI	CATE OF DE	ATH				07	16	7
1. DECEASED-NAME (Type or print)	First JAMES	Middle A.		ANTON		2o. DATE O	F DEATH Month	28	Year 68		HOUR
3. SEX MALE	4. RACE C.A.	UCASION		5. DATE OF BIRTH	-25-8	19	6. AGE (In years lost birthday)		UNDER I YEAR HITHS DAYS	HOURS	R 24 HRS. MFH.
70. BIRTHPLACE (State ar for country) Greec		WHAT COUNTRY?	8. MARRIEI WIDOWEI	NEVER MARRIED [DIVORCED [COUNTY 0	r DEATH				Mo
10. CITY OR TOWN OF DEATH Takoma Pa	a- giv	NAME OF HOSPITAL OR I e street address) a.s.hington		ld.			N (Kind of work do g life, even if retire		125 KIND O	F BUSINES	SOR
13a. USUAL RESIDENCE (Whe admission) STATE	13b. COUNTY	ution: Residence before		r SpringYES	SIDE CITY LIM		TREET AND NUMBER		ne		
14. FATHER'S NAME Fire	st Middle	Antonopou		15. MOTHER'S MAIDEN			APE TAN		Anton	lost	
16a. WAS DECEASED EVER IN Yes, no, on the known)	U.S. ARMED FORCES? (If yes give wor or dotes of service)	577-48-		WifeBer	ssie		Addres:				
18. CAUSE OF DEATH PART I. DEATH W	(Enter only one couse per AS CAUSED BY:			-dial in-	Parct	in				ONSET AND	

DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO K 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Menth Doy Yeor (If either, natify medical examiner)

sclerotic

heart disease

250. REC'D/BY REGISTRAR

State

DUE TO, OR AS A CONSEQUENCE OF

Canditions, if any, which gave)

rise to immediate cause (a),

FUNERAL DIRECTOR

(AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark

22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on May 78 1968, and that in (my) (our) apinion deoth occurred on the dote and haur and from the causes stoted obove. (1) (we) (did) (did not) view the body ofter death

	22b. SIGNATURE	1.	Anny	D	MI	DEGREE	ATTENDING PHYS.		MED. DIRECTOR		STAFF PHYS.		22c. DATE SIGNED. 5/28/48	9	
	22d. PHYSICIAN'S NAME (Type) Wil	lliam	F.	Simp	son	mo	22e. ADDRES	N	H-1	Fre	N	F.	Crashin,	gten	J
230	BURIAL, CREMATION,	23b. DATE	1015	23c. NAM	E OF CEMET	ERY OR CRE	MATORY /	A	23d. 1	19(ATIO	N (City)	r Tawn)	(County)	(State)	-

VR A15 (4) 30M REV, 1/68

. Sr (1.04) EV. (1.04) oran den 3000 . 2 A SHARE WE ARE WE THEN a entre and the section are the or allegations of the state of and the second of the second o Sawar Street - Carl La Se

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 371

1	tem 23h	film G401	6/6/6	8 en CERTI	FICATE	OF DEATH				7168
	o. COUNTY	Montgro			RYLAND	a. STANDAL RESIDENCE (N		if institution: b. COUNTY	Residence before ontgron	nery
1	b. CITY OR TOWN	(If outside corporate lim	its,	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If ou	tside carparate limits	write RURAL	and give nearest	tawn)
	Rockvi	d give neorest town)		4 yrs.		Rockvil	le			
	84	TAL OR INSTITUTION (IF	nat in haspital, g	give street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
2	90 Ly	nch St.				504 Ly	nch St.		,	YES NO S
	NAME OF DECEASED (Type or print)	Monroe	Gerha:	Middle rdt Arne	son	Last	4. DATE OF DEATH ME	Manth	Doy 1968	Year 19
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED DE	DATE OF BIRTH	9. AGE (I	n years IF		IF UNDER 24 HRS.
	Male	White	WIDOWED	DIVORC	ED 🔲 (Oct. 27, 191	2 5		anths Doys 22	Haurs Min.
1	00. USUAL OCCUPATION	N (Give kind of wark don His even if retired)		ND OF BUSINESS OR DUSTRY		Webster,			12. CITIZEN OF COUNTRY?	
	13. FATHER'S NAME					14. MOTHER'S MAIDEN I				
	Olaf	Arneson				Aletta H	legna			
	IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES (If yes give wor ar dotes	of service)	75 03 23		rs. Edythe		Address Rock	04 Lyn kville,	ch St. Md.
	Conditions, if ony rise to immedia stoting the unde last.	r, which gave te couse (o), erlying couse	(b) E TO	0		na E wides				WAS AUTOPSY
il Control	1909	IGNIFICANT CONDITIONS	CONTRIBUTING	O DEATH BUT NOT K	ELATED TO T	he terminal disease con	DITION GIVEN IN PAI	K1 1(a)		PERFORMED?
	OF FITHER NOTIFY	AS UNDERLYING GCAUSE OF DEATH (MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in	Part I or Part II of ite	em 18.)		
1000	뒽 Hour a.	URY Month, Day, Yeor m. m. 19	While	NURY OCCURRED Not While of work		E OF INJURY (Hame, farm ry, street, affice bldg., etc.)		r tawn)	(Caunty)	(State)
		ify that (1)(this ha	spital) atten	ded the decease	d fram <u>.5</u> and that	death accurred at	9 <u>6</u> 8, ta <u>S</u> 8当2.AM, fram	causes and	, 19 68th	
	22o. SIGNATURE	/	11/	1/200	7 M.D	ATTENDING PHYS.		TAFF HYS.	22b. DATE SIGN	19/18
	22c. PHYSICIAN': NAME (Type		Hall			22d. ADDRESS	615 W. Rockvil	Montg le. M	omery arylan	Ave. d
	BURIAL, CREMATI			Parkla		metary	23d. LOCATION Rock	(City or Town) ville,		(Stote)
	24. FUNERAL PIRECT	Montatray	Funer	al Horne	o Ma	2Sg. RECT	BY REGISTRAR		TRAR'S SIGNATUR	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pure should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within

VR A15 M

99762 B (1) 1 The committee of the co - 130 - 10°C ROSE AND THE ROSE OF THE PROPERTY AND ADMINISTRAL 7 - 66 - 201 (7 46.2 attended to the property samue strain. MAN COLLEGE THE THE PART OF THE SALE OF SEE Let a sky a Council to the Council t to be remarked by the second by the second the second that

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 303 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2g DATE OF DEATH by the funeral Pages 1 and 2 ports after death. DECEASED-NAME Last haurs after death (Type or print) Month ES S. DATE OF BIRTH 3 SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS lost birthdoy) MONTHS 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 B RTHPLACE (Stote or foreign B. MARRIED NEVER MARRIED country WIDOWED A D.VORCED [7] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR requires that the death certificate be executed within during mast of working life, even if retired.) give street oddress) INDUSTRY INKNOWN and complete Car 30. USUAL RESIDENCE AWhere deceased fived, if institution; Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LUMPES? event admission) STATE 13b. COUNTY remaye and in any 14 FATHER'S NAME Middle .ast MOTHER S MA DAN NAME please physician 16g WAS DECEASED EVER IN .. S ARMED FORCES? IAb SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknown) (III yes give wat or dates of service) 348-03-7555 removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Infarction cerebellar and brain stem days b IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF arteriosclerosis Candit ans, if any, which gave) burral-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the priartak TO FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES NO [far use 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21b. TIME OF INJURY CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 5 (If either, natify medical examiner) P.M. detached 21d NowRY OCCURRED 218 PLACE OF INJURY / AT HOME FARM, STREET FACTORY] 211 LOCATION Street of R.F.D. No. City or Town County State OFFICE BUILDING ETC While Nat while 22a. I certify that (I) (this haspital) attended the deceased from 1962 and the 1968, and that in (my) (our) opinion death accurred an the date and hour and from the saw the deceased alive on. be retained causes stated above (1) (we) (aid) (did not) view the bady after death. 226. SIGNATURE 22c. DATE SIGNED ATTENDING director, page should be filed PHYS DIRECTOR PHYS 22e. ADDRESS NAME (Type) CEDAR 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Cerunty) (State) 230 BURPAL CREMATION

ADDRESS

RG.H

STIMINSTER

25b REGISTRAR S' SIGNATURE

lianelas

25c. REC'D BY REGISTRAR

DATE

VR A15 (4) 30M REV 1/68 FUNERAL DIRECTOR



SED-NAME

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

			CERTITIO	AIL OF DEATH				
	CEASED-NAME First-	Middle	2	Bost /	2a Di	ATE OF DEATH Manth /4 Da	Y (SYear	26. HOUR
0 67	1707.61		1119 1	JULY OF NINE		1/ 105 //	IF UNDER 1 YEAR	IF JAIDER 24 HRS.
3 58	Female.	4. RACE White		7-13-187	8	lost bribady) YRS	MONTHS DAYS	
7o I	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUN	TY OF DEATH		-
£011	LIRGINIA	US	WIDOWED	DIVORCED	7	Montgon	nery	- Md
	Try or town of DEATH Silver Spring	11 NAME OF HOSPITAL OR It give street address)	Blud	ital Noth during m	ost ofwo	ATION (Kind of work dane beking fe, even if retired.)	125 KIND OI INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (Where decease ssion) STATE	d lived if institution. Residence before	13c CITY OR	TOWN UC 130 INSIDE CITY L	O D	13e STREET AND NUMBER	Fishe	2 + DR
14	ATHER'S NAME First	Middle Last	15.	MOTHER'S MAIDEN NAME F	First	Middle		Last
	Thon	145 BALL	1011	Luci		Thoma	5	
	WAS DECEASED EVER IN U.S. ARMI		NO. 17. IN	FORMANT /		Address	CL	MADER
Y	es, na, ar unknawn) (If yes give wa	r or dotes of service) 156-26 2	Edag	MRS J	ohn	W. YERRYP	MAD C	OMATE INTERVAL
		one couse per line for (a), (b), and (c	:).)	3.1		,	BETWEEN	ORSET AND DEATH
	PART 1. DEATH WAS CAUSED IMMEDIATE	TE CAUSE (a) Coach	7 0/	Henov	74	-76	1	WI
	4129	DUE TO, OR AS A CONSEQUENCE OF	F	. 51				
	Canditians, if ony, which gave	(h) Arteri	070/2	ofic He	200	+ Viscerc	ス	22
	rise to immediate couse (o),(stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF						
	last.	(c)						
	PART 2. OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL DISEASE OR (CONDITION	N GIVEN IN PART 1(0)		
z	4000							
CERTIFICATION		ONDITION FOR WHICH OPERATION WAS P	PERFORMED	20a. AUTOPSY?	4	206 IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
CERT	21g ACCIDENT WAS UNDERLYING	3 216 TIME OF INJURY	123c HO		-	of injury in Part 1 or Part 2,	Item IR)	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yea	r	I HOOK OCCURRED TELLO	A HOIGIG	or anjory sectors 1 of 1007 1,	110111 101	
MEDICAL	(If either, natify medical exominated INJURY OCCURRED 21e. 1		ACTORY \ 216 LOC	ATION Street or R.F.D. No.		Chu as Toura	County	State
	While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, F.) OFFICE BUILDING, ETC.	ACIONI.] 211. 100	ATION STREET OF K.F.D. INC.	1.	City or Town	County	21018
	22a. I certify that (1) (thu	hospital) attended the deceas	sed fram	Jan. , 19 6	27,1	a 10 = 7 , 19	68, that	t (I) (wo) last
	saw the deceased all causes stated abave,	ve an May 13 (I) (we) (did) (did nat) view the	19 <u>6 S</u> , and body after d	that in (my) (our) api eath.	inian de	eath accurred an the de	ate and haur	and fram the
	22b SIGNATURE	Theren 1	1 D DEGRE		MED DIRECTOR	STAFF 22c.	DATE SIGNED	100
	22d PHYSICIAN'S NAME (Type)	old Heiger	MD	22e. ADDRESS 541	5	Coun A.	- p	IN DC
23a.	BURIA, CREMATION, 23b. D. REMOVAL (Specify)	ATE 1968 23c. NAME OF FAI	RUIDA	REMATORY COM-	23d. L	OCATION (City or Town)	(County)	(Stote)
24.	FUNERAL DIRECTOR	ADDRES	PNY	2Sq. REC'D B	BY REGIST	RAR 255. REGISTRAR	SIGNATURE	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in δ / ϵ director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pageshould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours VR AT5 (4) 30M REV 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death.

Page 4 may be retained by the hospital or attending physician.

Se de



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HĒ	ΔΙ	ΤH) F	
PER P	7	en T		4	X
ofter death. Iny delay is	18. Give Pages 1, 2, and 3 ta	olang with farm PMS. Page	I I	with the State Department of	death.
haurs	tem	Office		and 2	ifter
To DEPUTY COICAL EXAMINER: This certificate whould be executed within 24 haurs ofter death. In delay is A.	necessary, please execute the certificate, writing the word "pending" in pencil in It	the funeral director Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PMS Rage H.S.	5 may be retained far your files.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 o	Health prior to burial, cremation, ar remayal, and in any event within 72 hours at

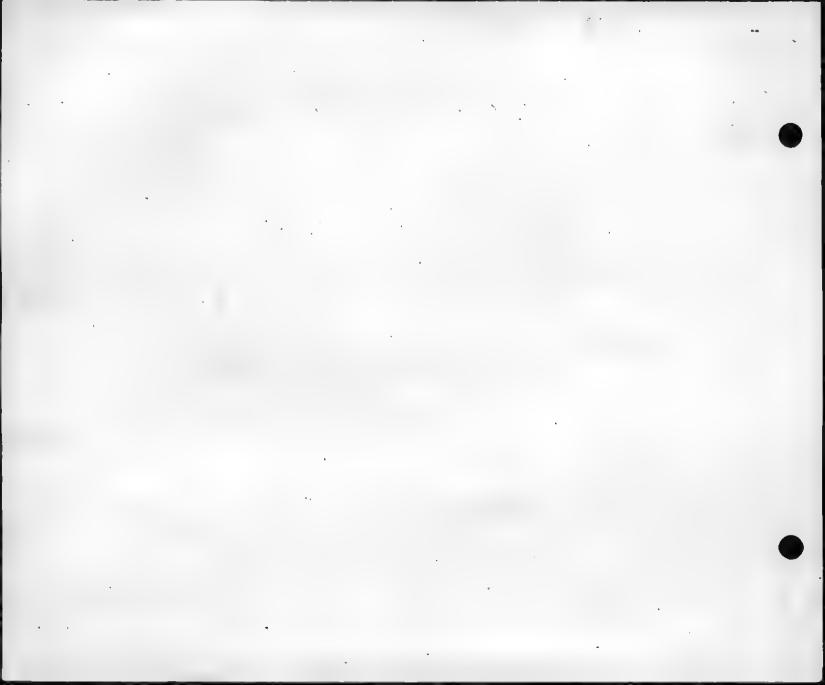
	, j	·:_~ 78,	20a fil	DE VITAL RE	RYLAND STAT CORDS, 301 W.	PRESTO	ARTMENT O	F HEALTH	RYLAND 2	1201		
* }		Item7a, h			/ 1.1	R'S C	ERTIFICAT	E OF DEAT		UC 26 %		1 * or 2 * * * * * * * * * * * * * * * * * *
		ECEASED NAME Type or Print)	First	rence	M.ddle	Ba1	last Ldwin		OF	Term -	Doy -15	Year 2b HOUR 168 1:05 PM
' 7	3 5	EX	4 RACE	5 DATE OF BIRT	h 6 A	GE (n years	F UNDER 1 YEAR		RS 2c DATE	PRONOUNCED DEAD		2d HOUR
		Male	Negro	7-23-	10 01	27 YRS			5	15	Year 1	19 68 1 : 09P
		BIRTHPLACE (State itry) inj	or fore gn	ь cit zen of wha USA	T COUNTRY?		ARRIED T NEVER A	MARRIED 9.	Montg	MATH Comery		Md
	10. (Takoma	DEATH Park	give st	ME OF HOSPITAL OR reet oddress)			during mo		(Kind of work dan life, even if retired		OF BUSINESS OR
, J					ion. Res dence befor			13d INSIDE CITY SIMIT	S? 13e STRI	Spring 1		I.
	14. £	FATHER'S NAME	First	Middle	Lost		15. MOTHER 5 M	NAIDEN NAME	First	Middle		Lost
		WAS DECEASED EVE res, no, or unknown		DRCES? var or dates of service)	16b SOCIAL SECURITY	NO	17 INFORMANT Nurse	Mont. Ji	r. Coll	ADDRESS _ege		
		Conditions, if on rise to immedia stating the und	ATH WAS CAUSED IMMEDIA 17, which gave a pare cause (a), lerlying cause	BY: TE CAUSE (a) Ca DUE TO, OR A (b) AC (c) CO	e for (o), (b), ond (c riac ar AS A CONSEQUENCE C ute Coro AS A CONSEQUENCE C ROHATY A IG TO DEATH BUT NO	nhytl nary of	Insuff:	iciency	<u> </u>	IN PART I(o)	APP BETWE	ROX MATE INTERVAL EEN ONSET AND DEATH
j	TIFICATION	190. DATE OF OP	ERATION		196 CONDITION FOR WAS PERFORMED		ERATION	-				AUTOPSY?
	MEDICAL CERT	PRIMARY OR CAUSE OF DEATH	CONTRIBUTING [21b. TIME OF HOUR A.M		101	21c HOW INJURY	OCCURRED (Enter	nature of injur	y in Part 1 or Part 2	, item 18)	
	WE			LACE OF INJURY (A lory, office building	hame, form, street, , etc.)		21f LOCATION Stre	et ar R F D. No.	City	y ar Town	County	State
			ertify that I to ulted from BELL	Natural cause	REA	P	Sujude [],	HOMICIDE HIEF MEDICAL EXA SS STANT MEDICAL SEPULTY MEDICAL EXA TOPPE AT THE T	AMINER	22b DA		d in my apinian
		B_RIAL CREMATI REMOVAL (Specif	5	-18-6	8		Y OR CREMATORY		Def	N (City or Towh)	(County)	s, Fla
	24.	FUNERAL DIRECTO		HE. Fin	eval Home		esh, DC	DATE MA	Y REGISTRAR AY 22	25b. RÉGISTRAI	l'esila Licula	Judge

VR A15ME (5) 10M REV. 1/68

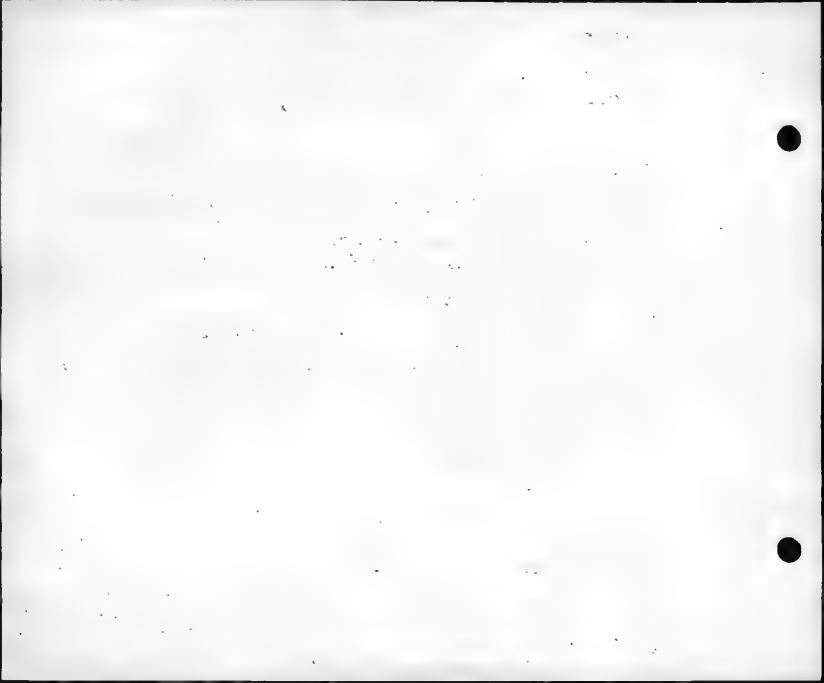


CDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 20 DATE KNOWN 1. DECEASED-NAME First Middle Month Day 25 HOJR (Type or Print) OF ESTI-Poge ment af DEATH MATED co 6 AGE (In years F LNDER 3 YEAR 4 RACE 5 DATE OF BIRTH F JNDER 24 HRS 2c DATE PRONOUNCED DPAD 2d. HOUR 3. SEX puo Doy ox HOURS M3 Year YRS 7a BRTHP 9 COUNTY OF DEATH NEVER MARRIED W-DOWED [DIVORCED [Pages O. CITY OR TOWN OF DEATH I NAME OF HOSPITAL OR INSTITUTION (funct in hospital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR hours ofter death WIE Homemaker INDUSTRY Give 1 Office olong .30 USUAL RESIDENCE (Where decrosed lived if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER dent 13b COUNTY admission) STATE YES NO Item 18 lond2 ofter 14 FATHER'S NAME Middle Middle shauld be forwarded to the Chief Medical Examiner's hours C poges 66 SOCIAL SECURITY NO 17-INFORMAN ADDRESS be axecuted within pencil (Yes, na, ar unknawn) (If was neve war or dates of service) 를 등 APPROXIMATE INTERVAL .⊆ \subseteq 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. with BETWEEN ONSET AND DEATH "pending" PART I DEATH WAS CAUSED BY ISTCENLY Acute-11750 COTOD 354 Sudden. IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** ascular Disease Years, Canditions if any, which gave nse ta immediate cause (a), This certificate shmuld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause last = PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 0.5 removal, used 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 ALTOPSY? WAS PERFORMED? please execute the certificate, NO IX YES 🖂 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) FUNERAL DIRECTOR: Page 3 should PRIMARY TOR CONTRIBUTING HOUR A.M. 3 **IXAMINER:** cremotian, in apart ment 82 PM CAUSE OF DEATH 21d NULRY OCCURRED 21e PLACE OF NURY (At home, form, street 21f LOCATION Street or R F D No City or Town (aunty State factory, office building, etc.) for your WHILE NOT WHILE X Horre about ment Poge Bethesda Mentainself Mo burrol, 22a I certify that I taak charge of the remains described obave, held an Autopsy [Inspection X Inquiry 🔽 and in my opinion the funerol director. be retained Accident X death resulted fram: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEFUTY necessory, DEPUTY MEDICAL EXAMINER SC **EXAMINER'S** 5 moy 70 FUNE (Health JOHN G. BALL NAME (Type) ADDRESS(Street, city town, or county) Bethesda. 230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Burial May 6.1968 Gate of Heaven Cem. Silver 24 EUNERAL DIRECTOR ADDRESS sconsin 25a. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURI Pumphrey Milarles VR A15ME (5) Bethesda Md. 2001 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Last 20 DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death. (Type or print) 455E VYOU AGE (in years IF UNDER 24 HRS. 4. RACE DATE OF BIRTH IF UNDER & YEAR losi (mithday) HOURS YRS 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THE NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR treet oddress) during most of working life, even if retired) INDLSTRY en please remave carbon ar remayal, and in any event, wit and campletely unch 130 USUAL RESIDEACE (Where defeased lived, if institution; Residence-before 13d INSIDE CITY JIMJES? 13e STREET AND NUMBER 13b. COUNTY A Burna / RIPE 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Last Lost physician o 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? [(It yes give wer or dates of service) Yes, no, or unknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BYpermit. IMMEDIATE CAUSE (o' burial, crematian, DUE TO, OR AS ACCONSEQUENCE OF Conditions, if any, which gave burial-transit elmino nse to immediate cause (a) signed by DUE TO, OR AS/A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the haspital or attending as the prior tak has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH?" YES-T NO [far use O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY) 21f LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED Street or R F.D. Na City or Town County State OFFICE BUILDING, ETC While Not while ot work L at wark 22a. 1 certify that (!) (this haspital) attended the deceased from saw the deceased alive-an 19 , and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death. be filed with the 22b SIGNATURE 22c. DATE SIGNAD MED DIRECTOR away Page 4 may 22d PHYSICIAN S 22e ADDRESS NAME (Type director, p 230 BURIAL, CREMATION (State) ے REMOVAL (Specify) 72Sb. REGISTRAR'S SIGNATURE DEGISTRAR UNERAL DIR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g, DATE OF DEATH 2b. HOUR First Month MAY Day 11 (Type or print) BASTEDO P. :07Pw Helen 3 SEX A RACE S DATE OF BIRTH 6. AGE (in years lost burthdoy) FEMALE CAUC 31 AUG 87 70 8IRTHPLACE (State or foreign 7b. CT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED COUNTROIT, MICH. MONTGOMERY U. S. A. WIDOWED DIVORCED [7] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address NAVAL HOSPTTAL BETHESDA 13a USUAL RESIDENCE (Where deceased lived, if iparitution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY EIMLITS? WASH WASH . D.C. YES YES NO 3010 WOODLAND DRIVE. N. W. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Last PRINDERVILLE **JOHN** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) FREDERICK, MD. MR. RICHARD B. GRIFFIN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN CHISET AND DEATH PART I DEATH WAS CAUSED BY CAUSE (ATHEROSCHEROTIC CARDIO VASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 95 COND TION FOR WHICH OPERATION WAS PERFORMED 20a. AJFOPSY? CAUSES OF DEATH? YES XX NO 🗔 21a ACCIDENT WAS INDERLYING 216 TIME OF INJURY 21c HOW NJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 2 d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21F LOCATION Street or R.F.D. No City or Town County State While Not while at work at work 220. I certify that (1) (this hospital) attended the deceosed from 29 APRIL 1968, to II MAY 1968, that (1) (we) last saw the deceased alive an II MAY 1968, ond that in (1) (aur) aprilian death occurred on the date and hour and from the causes stated above, (1) (we) (did) (4) (4) (view the body after death 22b SIGNATION 22c DATE SIGNED MED DIRECTOR STAFF PHYS. 12 MAY 1968 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAVAL HOSPITAL BETHESDA cdr J. DAVIS. MC. USN 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (State) BENOVALI Specify) Arlington National Cem. Arlington, Va. JOSEPH GAWLER'S SONS, INC. Washington, D. 24 FUNERAL DIRECTOR Ave25a. REC BA VGISTRAR

O FUNERAL DIRECTOR: After this certificate VR A15 (4) 30M REV, 1/68

requires that the doubth mrtificate by executed within 24 hours

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Health i

signed by the burial-transit p

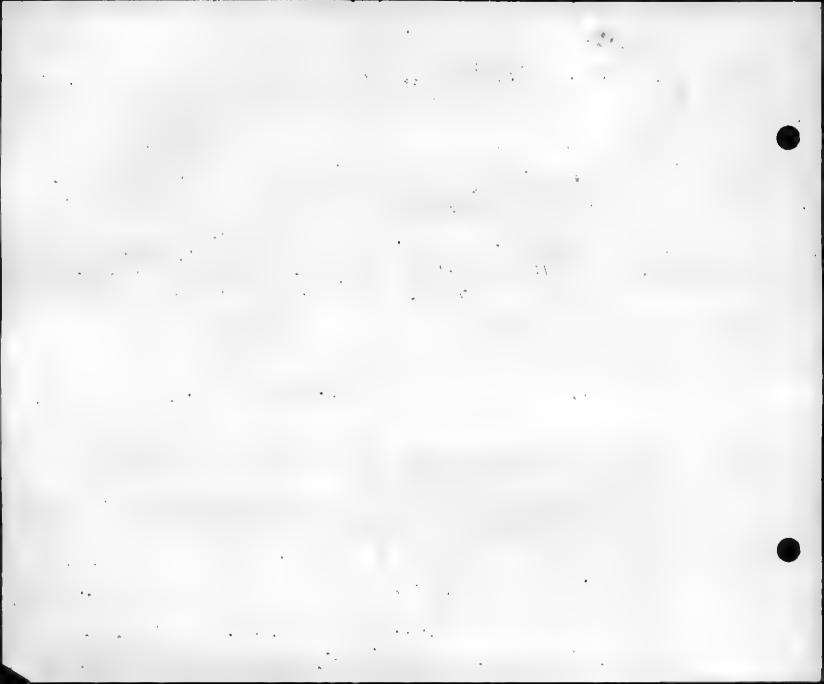


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0.5163		CERTIFI	CATE OF DEATH	ł			3 8 **	5
	CEASED NAME First	Leonard Mic	idle	Lost	2o. DATE	OF DEATH			2b HOUR
{1	ype or print) HARRY	T. (2)	MARANI			Month	Doy	reor	8130 121
3. SE	X -4	RACE		S DATE OF BIRTH		6 AGE (In year			JNDER 24 HRS
	illahe	White		9/13/10		lost birthday)	YRS. MONTHS	DAYS H	OURS MIN.
		CITIZEN OF WHAT COUNTR	Y? 8 MARRIED	NEVER MARRIED	9. COUNTY	OF DEATH			
tour	Pennisylvania	U.S.	WIDOW&D		Mar	Jaonery	Ce,		Me
10 (ITY OR TOWN OF DEATH		PITAL OR INSTITUTION (IF	not in hospitol 120 u	SUAL OCCUPAT	ION (Kind of work)	done 12b I	KIND OF BUS	SINESS OR
LS	ilver Spring N	give street oddres	Holy (1805	S HOSPILAL T	alize O	nglife, even if ret	of net	STRY 1	
130.	USUAL RESIDENCE (Where deceased hyrssion) STATE ()	ed, it institution, Residen	ce before 13c CITY O	R TOWN 1 13d. INSIDE CIT	TY LIMITS? 13e	STREET AND NUMB	R	世.	
	110	TAXXXX	Care Jakan	MARK	NO 🗆	11 Lee	Tue.	7/0	
14. 1	FATHER'S NAME First	Middle	Tost	IS. MOTHER'S MAIDEN NAM		Mide			Lost
	George		Liunann		Birdie			rice	
	WAS DECEASED EVER IN L S" ARMED FO	stes of service)		INFORMANT			wenne	11	
-				velyn R. Bai	umann	Jakoma 1	ark, I	APPROX.MATE	INTERVAL
	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY.	couse per um tor (e) (b); ord (c).	Indian land	-col/U	Arar)	Burnet I	DETWEEN ONSET	
	:MMEDIATE CA		and 1	Weinen	Cler	ALC VC	-11/6		
	Conditions, if any, which gave	DUE TO, OR AS A CONSEC	DUENCE OF						
	rise to immediate couse (a).	(b)							
	stoting the underlying couse	DUE TO, OR AS A CONSEC	IUENCE OF						
	PART 2 OTHER SIGNIFICANT CONDITIO	(C)	ATH DIT MOT DELATED	TO THE TERMINAL DISEASE OF	DP (ONDITION O	WEL IN PART WAY	7	1 1:1	-
N.	mon Caro	vary a	dem	Mucha	2 -	CULOCK	105 /	Nille	ling
CERTIFICATION	190 DATE OF OPERATION 19b. COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED	20o. AUTOPSY? YES X NO	CAI	D. IF YES, WERE FIND! USES OF DEATH?	ings consider	ED IN CERT	IFYING
GRI	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	[21c.]	HOW INJURY OCCURRED (E	_	injury in Port 1 or P	ort 2, Item 18)	-
MEDICAL	OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner)	HOUR A.M. Month E	Ooy Yeor						
M.	21d. INJURY OCCURRED 21e. PLAC			LOCATION Street or R.F.D	No.	City or Town	Count	γ	State
	While Not while at work	COFFICE BUILDI	NG, EIC.						
	22a certify that (I) (this ha	spitol) attended the	deceosed from	, 19	2.5, to	MAY 4	, 19 60	, that (I) (we) los
1	saw the aeceased alive	an <u>3 - 5</u>	19 <u>(v)</u> , o	nd thot in (mv) (our) o	opinion deo	th occurfed an tl	he date and	haur an	d from the
	causes stated above, (1)	(we) (ala) (ala nor)	lew ine body offer	dedin.			22c. DATE SIG	MED	
	X X 300	cy/5/	Horals DEC	GREE PHYS.	MED DIRECTOR [STAFF C	5- 7	-6.	8
	22d. PHYSICIAN'S NAME (Type)	3004/51	N. JONE	S SO	VEIRS	, Mill Ro	1 Rac	Rulle	· Md.
230	BURIAL, CREMATION, 236 DATE	23c.	NAME OF CEMETERY O	R CREMATORY	23d LOC	ATION (City or Town) (Cour	ity)	(Stote)
	REMOVAL (Specify)	7 1968 1	Baltimore 1	Vational Cem		Baltin		1.	
	FUNERAL DIRECTOR, 111 Lee	John See BU!	ADDRESS Orgia		D BY REGISTRA	- 44	TRAR'S SIGNATI		48.
4	arner L. Pumphrey		Luca Spain	2 Md DATE A	P VAL	1988 2	larle	Jung	7

after death - ond **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the structor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

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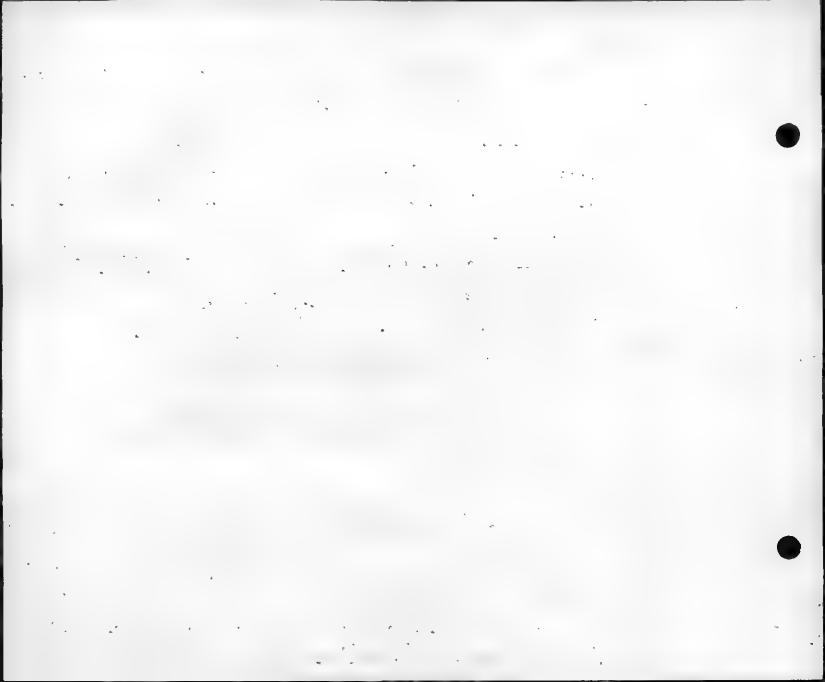


7	Acres -	DIVISION OF VI		W. PRESTON STREET, BA		RYLAND 2120)]	0 1
*	-173			TIFICATE OF DEAT				7)
1 DECEASED N (Type or pr		s 8	Middle	Bell	20. DATE OF	Month	Poy 1988	26. HOUR 9:56AM
3 SEX	3	4. RACE	rite	S DATE OF BIRTH Aug. 28, 18	82	6 AGE (In years last birthday)	F JNDER 1 YEAR MONTHS DAYS YRS	F UNDER 24 HRS HOURS MIN
70 BIRTHPLAC	E (State or foreign	7b. CIT ZEN OF WHAT	w	MARRIED NEVER MARRIED	9. COUNTY OF	itaomeru		Md
	own of death ver Spring	11 NAME give stree	OF HOSPITAL OR INSTITUTE	ON (Vi not y hospital 120 l Sity Nuksing our n	ISUAL OCCUPATION Retired	(Kind of work do	one 12b. KIND O	F BUSINESS OR truction
13a USUAL RI odmission) S	SIDENCE (Where decease STATE Md.	id lived, if institution	Residence before 13c	CITY OR TOWN 3d INSPIRE C Luca SpringYES B	ITY LIMITS? 13e STI	REET AND NUMBER	esity Blv	d. West.
14. FATHER S	NAME First Samuel	Middle K.	Bell	1S. MOTHER'S MAIDEN NAM	lizabeth	Middl	La	Iost France
160, WAS DEC	EASED EVER IN U.S. ARM uriknown) (15 yes give wo		b. social security no 52-07-7146	17 INFORMANT Mrs. Mary Len	is Silve	Universal a Spring		West
Condition rise to i stoting lost.	ins, if ony, which gove mmediate cause (o), the <u>underlying couse</u>	DUE TO, OR AS A (c)	CONSEQUENCE OF CONSEQUENCE OF	terio scler	icemi escular osus		Pert	OMSET AND DEATH
No	*		OPERATION WAS PERFOR		20b IF		IGS CONSIDERED IN	CERTIFYING
₹ □ 0R COI	CIDENT WAS UNDERLYING STRIBUTING CAUSE OF DEATH r, notify medical examin	er) HOUR A.M. N	Nonth Day Year 19	21c. HOW INJURY OCCURRED (I	inter noture of injur	ry in Port 1 or Por	rt 2, Item 18.)	
W 179- (11)	URY OCCURRED 21e.	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY, ICE BUILDING, ETC	21f LOCATION Street or R.F.D.	No. City	or Town	County	Stote
50	certify that (I) (this ow the deceased all ouses stated abave	ive on 5/	719	, and that in (my) (our)	9 <u>CO</u> , to opinion death o		e date and havi	ot (1) (we) lost r and from the
22d. PH	YSICIAN S	J. A	io	DEGREE PHYS. ATTENDING PHYS. 22e ADDRESS	MED. DIRECTOR	STAFF PHYS.	May 9	1968
NA	ME (Type) Bern	ard H.C	Strow		-asteri		Silver	Spring M
230 BURIAL, REMOVA	CREMATION, 23b D			TERY OR CREMATORY		N (City or Town)	(County)	(Stote)
24 FLNERAL	OL CARL	- 13- 68	434 GEStai	oln Cemetery	D BY REGISTRAR	e George	A PARITAND 2 2 44 4	ryland
10	THE W. LEE	macrass 8	4 54 GEORGE	hine, Md Date	MAY 1 5	1968	liaries }	Mage

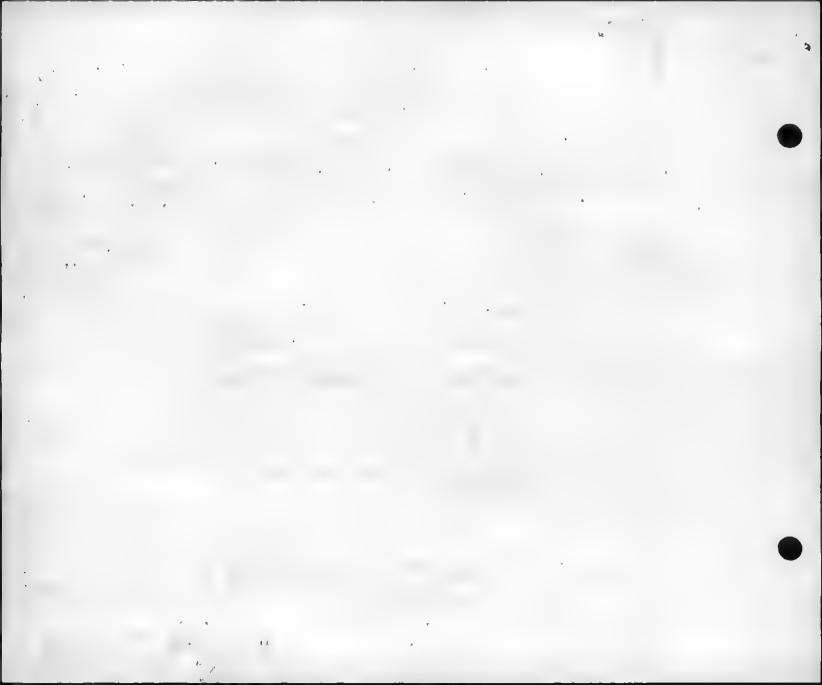
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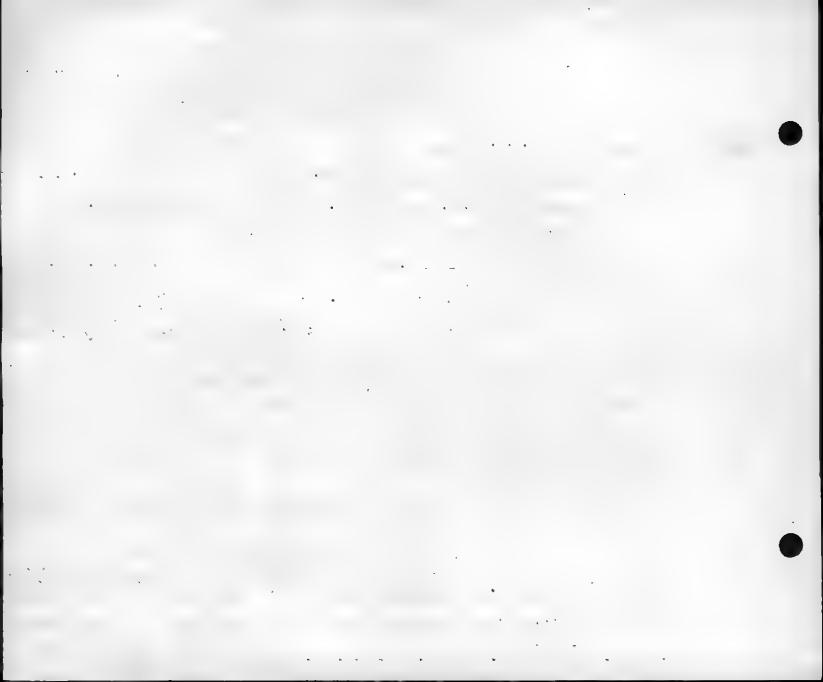
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle DECEASED NAME Last 2a DATE OF DEATH 2b. HOUR Manth 23 (Type or print) OLEY CLAUDE BOWER requires that the death certificate be executed within 24 hours after 4. RACE 5 DATE OF BIRTH F UNDER I YEAR IF TINDER 24 HRS 6 AGE (n years last birthday) MONTHS HOURS signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages Male Caucasian July 11. 1917 70 BIRTHPLACE (Stote or foreign 75 CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED West Virginia USA WIDOWED [T DIVORCED [7] Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address) Naval Hospital Machinist GOVT. Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER 13b. COUNTY Montgomery Kensington 3415 Anderson Road 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Claude Monroe Bower Martha Jane Taylor Address Maryland 36g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Kensington Yes, no, or unknown) 236 16 8251 ar remayal, Mrs. Vivian B. Bower 3415 Anderson Raod 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION, MASSIVE BETWEEN ONSET AND DEATH IMMENATE DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) HEART CORONIBRY DISEASE rise to immed ate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse YEARS 10 HYPERTENSION ARTERIOSCLERUSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) MYOCARDIAL INFARATION has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO K O HOSPITAL OR ATTENDING PHYSICIAN: 1
Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A-M: Month Day Year (If either, notify medical examiner) # 17 P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC. 21e. PLACE OF INJURY 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from ________, 1955__, ta_______, 1968__, that (I) (***) last saw the deceased alive an ________, 1968__, and that in (my) (***) apinian death accurred an the date and have and from the saw the deceased alive an 1968, and that causes stated above (1) (1) (did nat) view the body after death. should 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR 5/24/68 director, page 3 DEGREE 22e. ADDRESS 11406 VIERS MILL 22d. PHYSICIAN'S NAME (Type) FARWELL MARYLAND WHEATON 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION, 23b DATE (County) (Stote) BOTTY (Specify) Farklawn 5/27/68 Rockville, Md. ADDRESROCKVILLE. MAY 27 25b. REG STRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Tyson Wheeler Funeral Home



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pagesal and should be tiled with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 hours ofter deep Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

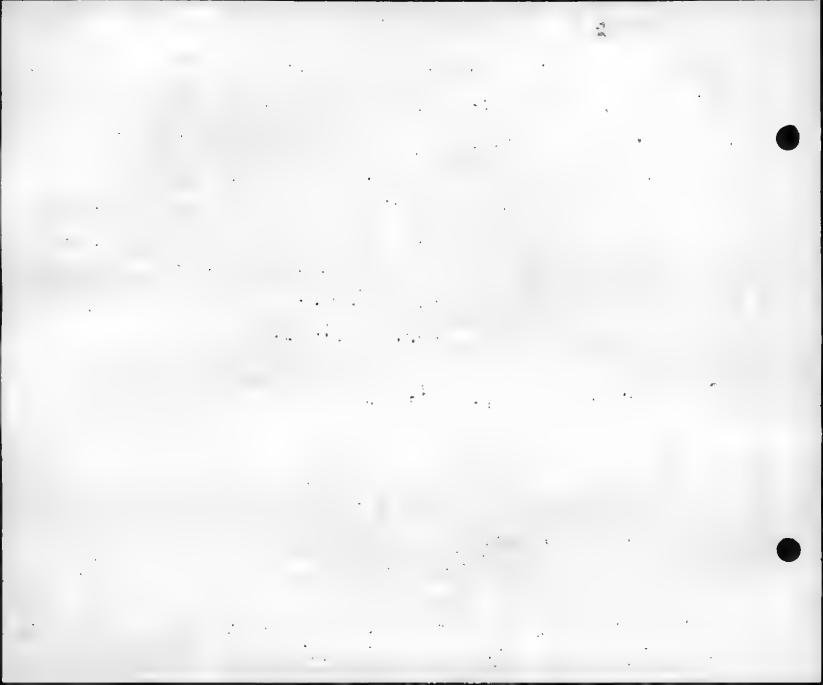
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1. D	ECEASED-NAME	First		Middle		Lost		2a DATE OF	DEATH			2b. HOUR A
(Type or print)	Annie		L.		Bowman			Month.	190	1988	5:40 M
3 5	FX	4. R.	ACF	14 0		S DATE OF E	IRTH	1	6 AGE (n yea		IF JINDER I YEAR	IF UNDER 24 HRS
	F		W				2, 1880		last birthdoy		AONTHS DAYS	HOURS Min.
7o. cau	BIRTHPLACE (State or for	ania	ZEN OF WHAT		8. MARRIE WIDOWE	D NEVER MA	RRIED 9.	Montg				Md
10.	Gaithers			E OF HOSPITAL OR INS cury Metho					Knd of work fe, even fret DUSEWIT		12b. KIND OF INDUSTRY	BUSINESS OR
13o adm	USUAL RESIDENCE (When	vania 13b.	l, if institutiar	Residence before/		OR TOWN	13d. INSIDE CITY JAM YES NO	TS? 13e STR	eet and numb		1	
14.	FATHER'S NAME Firs	†	Middle	Last		IS MOTHER'S A	ALDEN NAME Fire	it	Mid	dle		Last
	J	ohn	H.	Light		Diar	a Leple	У				
160	WAS DECEASED EVER IN	U.S. ARMED FOR		66 SOCIAL SECURITY N	10. 17	7. INFORMANT			Add	ess		
Ι,	Yes, no, ar unknown)	if yes give war or dates	of service)	220-46-00	95	Asbury	Methodi:	st Home	. Gait	hers	burg	Md.
	18 CAUSE OF DEATH PART I DEATH WA	IS CAUSED BY "IMMEDIATE CAUS	iE (a)	erelux		reula		m be	Bis		APPROXIA	NATE INTERVAL NSET AND DEATH DPFYS
	Conditions, if any, whis rise to immediate cau stoting the underlying last.	ch gave) use (o),((b)	CONSEQUENCE OF A CONSEQUENCE OF	lze	e as	Levie	selen	oris		5	4125.
NC	PART 2 OTHER SIGNIFICATION	CANT CONDITIONS	CONTRIBUTION	NG TO DEATH BUT NO	OT RELATED	TO THE TERMIN	AL DISEASE OR CO					
CERTIFICATION	190. DATE OF OPERATION		ON FOR WHICH	H OPERATION WAS PER		20g. AUT YES [NO [CAUSES	YES, WERE FIND OF DEATH?			RTIFYING
MEDICAL CE	21a ACCIDENT WAS UP OR CONTRIBUTING CAN (If either, natify medica	USE OF DEATH	TO TIME OF II OUR A.M. P.M.	NJURY Month Doy Year 19		HOW INJURY O	CURRED (Enter r	noture of intury	in Part 1 or P	ort 2, Ite	em 18.)	
ME	21d. INJURY OCCURRED While Not while at wask at wask	21e. PLACE (OF INJURY (A	t Home, Farm, Street, Fac' FFFICE BUILDING, ETC	TORY) 21f	LOCATION Stre	et ar R.F.D. No.	City	or Town		County	State
	causes stated	ased alive or	5	ded the deceose	9 c	ınd (hat∕in (r	3 , 19 19) (our) apini	, to ion deoth o	curred on t	≥, 19_ he date	, that e and have a	(I) (we) lost and from the
	226 SIGNATURE	4CX	tesus	us hu	O DE	GREE PHYS.	LØ DIR	D. ECTOR	STAFF PHYS.	22c. D/	TE SIGNED	8
	22d. PHYSICIAN'S NAME (Type)	MRY	C. 3	SCRUGO	5-3 M	11) 54	DRESS 1/3 Ce	das	Lane	Be	Hera	a mol.
230.	BURIAL, (REMATION BUT LESPEC (Y)		14-68	23c NAME OF C	od			Washi	of (Gry or Town		(County)	(State)
24	FUNERAL DIRECTOR E	imest-	. Gart	ner ADDRESS	aith us	ersburg	250 REC'D BY DATE M	REGISTRAR AY 15	25b REGIS	get.	IGNATURE CONCES	udge

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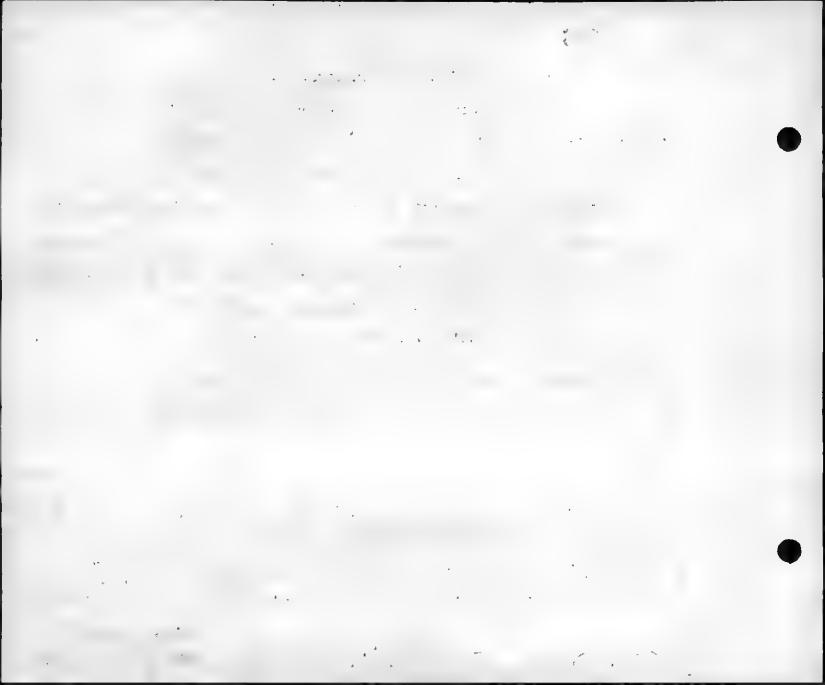


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME 20 DATE OF DEATH 26 HOUR law requires that the duath certificate be executed within 24 haurs after Meath (Type or print) Manth 4. RACE 3 SEX IF UNDER 20 HRS. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR last birthday) To BIRTHPLACE (State or fareign 76. OTIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED by the attending physician and completely filled in ramsit permit. Then please remaye carban papers. MONTGOME DIVORCED [NAME OF HOSPITAL OR INSTITUT 12o, USUAL OCCUPATION (Kind of work done ON (If not in hospital 12b KIND OF BUSINESS OR during mount warking I fe, even if retired) (ive street address) event, 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Last 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, (na, ar unknawn) (If yes give war or dates of service) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY wle Houte reva DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave) tromsit LNOWNE rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed burial to OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES -No [21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram..... saw the deceased alive an-_____, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. 226 SIGNATUR 22c. DATE SIGNED director, page Shauld be filed 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23d LOCATION (City or Town) (County) (Stote) BENEZEC-Church Monlar FUNERAL DIRECTOR VR A15 (4)

30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First DECEASED NAME Middle Last 2g DATE OF DEATH 2b HOUR The law requires that the death certificate be executed within 24 hours after death. er degth, and (Type or print) May Month Isaac MMN Brundage, Jr. SEX 4 RACE S DATE OF BIRTH 6. AGE (in years IE UNDER 1 YEAR iest bighooy) 29L09E Male 1 October 1918 Negro oan papers. Pog within 72 hours 76 CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina Montgomery USA WIDOWED [DIVORCED [IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR g ve street address)
The during most of working life, even if retired) signed by the attending physician and campletely fi burial-transit permit. Then please remave carban Bethesda Clinical Center and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence befage 13c CITY OR TOWN 13e STREET AND NUMBER 13d. NSIDE CITY LUMITS? 13b COUNTY YES ... Arlington Arlington 3412 Kemper Road, South 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Middle First Isaac Brundage Idella Montague 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN US ARMED FORCES? 17. INFORMANT The Medical Records Address Yes, no ar unknown) (+ yes give war or dates of service) crematian, ar remayal. 238-16-5832 The Clinical Center, NIH, Bethesda, Maryland 1B. CAUSE OF DEATH (Enter amy one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
PREUMONIA BETWEEN ONSET AND DEATH Pneumonia and Septicemia day DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Hodgkins Disease, disseminated 8 months rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) aftending 1 as the has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AUTOPSY2 CAUSES OF DEATH? YES [NO TE th's certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M detached 21d INJURY OCCURRED (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R F D No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (CX(this haspital) attended the deceased from 8 April , 1968 , ta 5 May , 1968 , that (we) last saw the deceased alive an 5 May 1968, and that in force (aur) apinian death accurred an the date and have and from the causes stated above, (did) (six not) view the bady after death. TO FUNERAL DIRECTOR: After shaufd be be retained 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 6 May 1968 DEGREE PHYS director, page should be filed PHYS 22d. PHYSICIAN S 22e ADDRESS The Clinical Center, National NAME (Type) Edgar W. Hull, M.D. Institutes of Health, Bethesda, Maryland 23d. LOCATION (C tv or Town) 230 BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Lincoln Memorial Suitland. Maryland Shirling ton 24 FUNDERAL DIRECTOR 256 REG STRARS SIGNATURE 30M REV. 1/88 Meliarles Chinn Home minera



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Jeida

State

OAYS

DECEASED NAME First Middle Last 20 DATE OF DEATH deoth. (Type or print) GENEVIEVE S. BURK AGE (In years lost birthday) 3. SEX 4. RACE 5. DATE OF BIRTH MONTHS FEMALE SEPT. 23, WHITE 1903 9. COUNTY OF DEATH Ja. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIEDX X NEVER MARRIED LOUTHODIANA U.S.A. MONTGOMERY WIDOWED [DIVORCED [WITHIN / 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR TMOHTH during most of working life, even if retired) BETHESDA HOSPITAL completely event, 13a. LSUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE 13b. COUNTY RECORDING 13c CITY OR TOWN 13e. STREET AND NUMBER 13d HISIOS CITY LIFA TS? MONTG. YES 🗺 MD. BETHESDA 9910 INGLEMERE DRIVE ond in ony 14 FATHER'S NAME First S MOTHER'S MAIDEN NAME First Middle Middle Last PERCY SEITZ UNKNOWN HOPKINS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes po, ar unknown) or removol, PAUL W. BURK, SR., HUSBAND, SAME 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditians, if any, which gave) buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? G hos CAUSES OF DEATH? YES NO 🔲 Page 4 may be retained by the haspital or this certificote 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING (CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY 21e. PLACE OF INJURY 21f, LOCATION Street or R.F.D. No. City or Town County While Not while of work 220. I certify that (1) (this hospital), attended the deceased from sow the deceased alive an , and that in (my) (our) opinion death accorred on the date and have and from the TO FUNERAL DIRECTOR: couses stated obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. director, page should be filed 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) 5/31/68 ROCK CREEK CEMETERY WASH TNOTON 1968 ADDRESS 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR JOS. GAWLER'S SONS, 5130 WIS.AVE, WASH., D.C.

VR A15 (4) 30M REV, 1768

OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last DECEASED NAME Middle 2a DATE OF DEATH 2b HOUR First GRACE BURNS (Type or print) 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. WHITE last bythoay) EMALE 70 BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Montgomery WIDOWED DIVORCED requires that the death certificate be executed within 24, 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 19 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR give street address) during mast af warking life, even if retired) INDUSTRY remave carban 3a JSJAL RESIDENCE (Where deceased lived, if institution: Residence before 138 WISIDE CITY HMITS? 13e STREET AND NUMBER NO T Middle IS, MOTHER'S MAIDEN NAME First Middle PHULINE 17 INFORMANT 16b SOCIAL SECURITY NO Address JR., SON 3704 KAYSON ST signed by the ottending 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Edema bulmonary hour IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians if any, which gave) Congestive nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying caused PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been of Health prior 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO K 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21s. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached 21d INJRY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 21f LOCATION Street or R.F.D No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Oct 27, 1967, ta May 13, 1968, that (I) (we) last saw the deceased alive an May 13, 1968, and that in (my) (our) apinian death accurred an the date and have and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. e 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE director, page shauld be filed PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S JOHN LAWRENCE NAME (Type) 10620 Georgia 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BUR, AL, CREMATION. (County) 5-17-1968 Glenwood Cometery Washington. 256 REGISTRARS SIGNATURE Inc. ADDRES 1 30 Wisc. Ave 25a. REC'D BY REGISTRAR 24. FUNE CAS DIPERFOR Gawler's Sons, VR A15 (4) 30M REV, 1/68 Washington. D.C ..



 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME 20. DATE KNOWN[] Manth Day Year (Type or Print) 0F ESTI-DEATH MATED D S IF UNDER 24 HRS 3 SEX AGE (In years 2c DATE PRONOUNCED DEAD S. DATE OF BIRTH GING Va BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED TRINEVER MARRIED 9 COUNTY OF DEATH the State De WIDOWED IT D VORCED [120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR alang with 10. CITY OR TOWN OF DEAT NAME OF HOSP, TAL OR INSTITUTION (If not in hosp tol during most of working life, even if retired) a ve street address 8. Give 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13b COUNTY l and 2 tem i M ddle TIS, MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle ⊆ pages haurs Examiner's 17 INFORMANT pencil ADDRESS be executed within (Yes, na, ar upknawn), File within APPROX MATE INTERVAL 1B CAUSE OF DEATH (Enter only one cause shauld be farwarded to the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), This certificate shauld writing the ward stoting the underlying couse PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) S nsed 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 💢 NO [21g EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter notuce of njury in Part 1 or Port 2, Item 1B) 2 b T ME OF INJURY Manth, Day, Year may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld MEDICAL PRIMARY [] OR CONTRIBUTING [] HOUR A.M. EXAMINER: CAUSE OF DEATH 21e PLACE OF NURY (At home, form, street, 21d N.JRY OCCURRED 21t LOCATION Street or R.F.D. No. Ety or Town Caunty Stote factory, affice building, etc.) WHILE NOT WHITE AT WORK Page 22a I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection . Inquiry 🔀 ond in my opinion the funeral director. death resulted fram: Notural causes X Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPLTY MEDICAL EXAMINER 5 may TO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) 23a BURIAL CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) ParkLawn Rockville Ernest 1968 VR A15ME (5) DATE Gaithersburg, Md 10M REV 1768



2n. DATE OF DEATH I. DECEASED NAME 2b. HOUR Month 2 Doy & Year (Type or print) AMES OBERT 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF JHOER I YEAR IF UNDER 24 HPS. (ast-birthday) To BIRTHPLACE (State or foreign 7b. CHIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) DIVORCED RGINIA 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address). BETTIES DA - Size and during most of working life, even if retired) 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OF NURSING HOME ENGINEER 130 USLA, RESIDENCE TWhere deceased lived, functitution: Residence before [13c FITY OR TOWN 13d INSTOE CITY JIMITS? 13e STREET AND NUMBER 4610 Haroling Lane Bethesda 14 EATHER'S NAME First 15 MOTHER'S MAIDEN NAME First Middée Middle Sarah Brown Thomas Byrd 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes no, grunknown) (If yes give war or dates of service) Spanish Amer 3/7-52-5769 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(6) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) 21e PLACE OF IN.JRY (AT HOME FARM, STREET FACTORY) 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 5 - 9 , 1941, to 5 - 2 9 , 1945, that (1) (we) last saw the deceased alive on 5 - 7 4 , 1967, and that in (my) (aur) opinion death occurred an the date and hour and from the causes stoted obave, (1) (we) (did) (did not) view the body ofter deoth. 22c DATE SIGNED 22b S GNATURE ATTENDING DEGREE DIRECTOR PHYS 22d PHYSICIAN S 22e ADDRESS NAME (Type) EUGENE 10400 23d LOCATION (City of Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION Gettysburg. Gettysburg Natl Cem. Penna. 5-28-68 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland DATE

TO FUNERAL DIRECTOR: After this seed of the state of the

the death certificate be executed within 24/

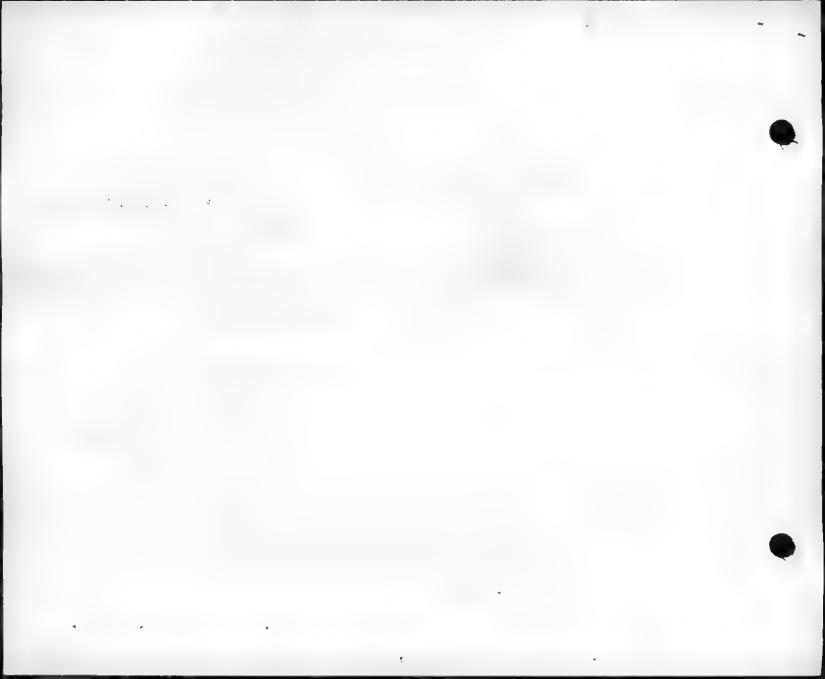
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signed by the burial-transit burial, cremati

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TENDING



(W)	b-	Sems 18-22a Film 401 MARYLAND STATE DEPARTMENT OF HEALTH (7-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* > 4
HEALTH DEPT.		(vpe or Print)	Day Year 2b HOUR
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		MARY LEE CAMERON DEATH MATED 05	11 1968 M
9 9 4 9	3 5	last birthday) MONTHS DAYS HOURS Milh. Month Day	Year CO 2d. HOUR
D 0 4	-	female white 12/15/4 28 yrs 05 11	19 68 M
dny m P	(01)	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH Try)	
State	10	Horizgonery	2b KIND OF BUSINESS OR
after death 8. Give Pages along with fa with the State eath		a ve street oddress) during mast of warking (fe even if retited)	NDUSTRY
Give Give	130	USLAL RESIDENCE (Where deceosed ved, if institution, Residence before 13c CTY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER	e Terabilone
s after 18. Giv 19. Giv 19. alang 2 with death	0	dm ssion) Virginia 13b COUNTY Alexandria 155 NO □ 5911 Quantrell	. St.
hours Item 1 Office 1 and 2 affer d		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
2 2 2	L	William S. Cameron HUDREY J.	SMITH
I within 24 in pencil in Examiner's File pages 7.7.2 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17 INFORMANT Medical Records Depotess 17 INFORMANT Medical Records Depotess 18 Informant Medical Records Depotes De	0.0000
wit per kan kan kan 72		Montg. General Hospt., Olney, M	
5 - E - E		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending" if Medical sit permit.		IMMEDIATE CAUSE (a) PRITICIPITE, EXCITENTAL INJURIES	
n: 5 <5		Conditions, if any, which gave) (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Incurred in auto accident	
vard "pe vard "pe ne Chief al-transit		rise to immediate cause (a). (b)	
		lost.	
ate s g the sd to s a bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(o)	
writing the writing the warded to sed as a bu oval, and is	NO	823.4	
is certificate si te, writing the forwarded to ne used as a bu removal, and in	SAT 0	19d DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AJTOPSY?
	CERTIFICAT		YES NO 🗆
		216 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBLTING 5 15 10 PM 5-11-68 CAUSE OF DEATH 216 TIME OF INLURY Month, Doy, Year PRIMARY FOR CONTRIBLTING 5 10 PM 5-11-68 CAUSE OF DEATH	hich
NER: certifi hould les. shauld shauld	MEDICAL	cause of Death 2.300 pm 3-11-049 Left road & overturned.	Caunty State
(AMINER: te the certi te 4 should vaur files. age 3 shau crematian,	-	foctory affire hulding etc.)	
ICAL executor. Programmed for CTOR.		22a. I certify that I taak charge of the remains destribed above, held an Autopsy Inspection 7, Inquiry 4, death resulted from. Natural causes 7. Accident 2, Suicide 7, Hamicide 7, Undetermined manner	and in my apin an
please directa directa DIRECT		CHIEF MEDICAL EXAMINER	
		SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SI	IGNED
ラ 5 9 4 6		EXAMINER'S DEPLAY MEDICAL ENAMINER &	1919
	`L	NAME (Type) Beldon R. Rean, M.D. ADDER COMPAN, or county)	1/160
5 g = 7 5 ±	230	DELIBOR TO TO	(County) (State)
	24	327.100.1	MANIEW
VR A15ME (5)	7	5/30 WB, 72 UB; W, W, W, 1000 WILL	arles Judge
10M REV 1/68	1	DATE MAY 16 1968	11 0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	00000	2 (C)		,	CEMILL	CAIL OI	DEATH				,	
	ECEASED-NAME	Fars	it	Middle		Last		2a. DATE OF			м	2b. HOURAN
,	Type or print)	Willia	m	B.	CAM	PEELL			Month MAY	Doy 27	Yeor 1968	1 - 41
3 5	£Χ		4. RACE			S. DATE OF BIR	RTH		6. AGE (In yea last birthday)		IF JNDER I YEAR	IF UNDER 24 HRS.
	Male		Cauc	:		13 JA	N 1899		69	YRS.	IGNINS DATS	IIIGOKS MIII
	BIRTHPLACE (Sto	ite ar fareign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARK	RIED 🗍 9	COUNTY OF	DEATH			
_	MISS		USA		W DOWED		CED 🗌	Monte	omery			Md
	CITY OR TOWN O		qive :	AME OF HOSPITAL OR INS street oddress) al Hospita	,	MC	during mos	st of working	(Kind of work life, even if reti	ired)	126 KIND OF E INDUSTRY MTT.TT	
	USUAL RESIDEN nission) STATE	CE (Where dece	LIB COUNTY	ian Residence before		R TOWN	YES NO		PACA		CE	
14.	FATHER'S NAME	First	Middle	lost	Acres de la Contraction de la	S MOTHER S MA	IDEN NAME FIR			ldle		Lost
		JAMES		CAMPBEI	L		AI	LICE				PYLE
160	. WAS DECEASED		RMED FORCES?	16b. SOCIAL SECURITY	VO. 17	INFORMANT			Addı	ress		MD.
	Yes po or unkno	wn) (II yes ow	war or dates of service) , WW2, Kor	ean		Anna L.	CAMPRE	CLL. 15	PACA F	PLACE	E. ROCK	VILLE
	18. CAUSE OF			ne for (a), (b), and (c)							APPROXIM	LATE INTERVAL ISET AND DEATH
		STATUL BALAC CALL	ED DV	arcinoma c	*	Esopha	ous wit	h Meta	stasis			the state of the state of
	150	N		AS A CONSEQUENCE OF			2 4 5 11 ± 2					
	Canditians, if	any, which gave	8) (1)									
	rise to immed	diate cause (a) nderlying causi		AS A CONSEQUENCE OF								
	last.	industring Coost	(c)									
	PART 2. OTHE	R SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	DISEASE ORCO	NOTION GIVEN	(IN PART 1(o)		-	
×	4											
CERTIFICATION	190. DATE OF O	PERATION 19	. CONDITION FOR WH	IICH OPERATION WAS PE	RFORMED	20a. AUTOF	SY?		YES, WERE FIND OF DEATH?	INGS CON	ISIDERED IN CEI	RTIFYING
RTIF						YES 🔀	№ □			Yes		
3		FWAS UNDERLY ING □ CAJSE OF DE		F INJURY Month Doy Year		HOW INJURY OCC	URRED (Enter	nature of injur	y in Part 1 ar P	ort 2, Ite	ım 1B.)	
MEDIC	(If either, noti	fy medical exor	niner) P.M.	19	9							
W	21d. INJURY C While Na at work of	work		(AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.		OCATION Street			or Town		County	State
	22o. I certi	ify that (I) (I	his hospital) att	ended the decease	ed fram_	O7 MAY	, 19_6	28 , ta <u>2</u>	1 MAY	_, 19_6	58_{-} , that	(t) (we) last
	saw th	ne deceased sistated abar	olive an2] ve. (#) (we) (did)	MAY (did not) view the	9_68., at hadv after	nd that in (211) Ideath.	r) (our) opin	lion deoth o	ccurred an t	he date	and haur a	and trom the
	22b. SIGNATUR		1 d a	(did fior) victo fine	bady direi						ATE SIGNED	
		MUU	uarva	7	DEG	REE PHYS	G ME DIF	RECTOR	STAFF PHYS T	21	MAY 19)68
	22d. PHYSIÇIA					22e. ADDI						
	NAME (TY	bel M.	NARVA, CI	OR MC USN		Nav	al Hos	pital,	NNMC,	Bethe	esda, M	1d.
230	BURIAL, CREMA		DATE	23c NAME OF	CEMETERY O	R CREMATORY		23d. LOCATIO	N (City or Town)	(County)	(State)
	REMOVAL Spe BUR LA		27-MAY 19	68 Arling	ton N	ational		Arli	ngton.			.Va
24.	FUNERAL DIREC	TOR		ADDRESS			2Sa. RECD BY	REGISTRAR	1968 REGIS	PART SI	IGNATURE ()	udge
lo.	A	THEFT	CHESTER TO SECURE	AT HOLE DO	CISTEL	777 377	DATE ON	11.44	AUGU /	T	1	V

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers—Pe should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within $T \neq hour$ VR A15 (4) 30M REV 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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and	1	Type or print)	ELM	ER	HOWARD	CAPM.	AN			19	68	1:2	5p#
A-	3. 5	EX		4 RACE		S. DATE C)F BIRTH		6. AGE (In years		R 1 YEAR		
2 P		Male		Whit	- 6	4/2	6/19				DAYS	HOURS	MIN
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E S E	160	WAS DECEASED EV	ER IN U.S ARA		16b. SOCIAL SECURITY I	NO 17 INFORMANT	Wife.	· · · · · · · · · · · · · · · · · · ·	Addre	ss			
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din din			'H WAS CAUSED	D BY:	13111	COM	a M M	ins	w//11	163	BETWEEN OF	C-L2	ALT
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in in in		PART 2 OTHER S	GNIFICANT CON	NDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION GIVE	IN PART 1(o)				
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المارية ق	ATIO	190. DATE OF OPER	ATION 19b	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED 20a. /	AUTOPSY?			NGS CONSIDER	ED IN CE	RTIFYING	
ha sa dy	景					YES	NO [CAUSES	OF DEATH?				
# - @ C/						21c HOW INJURY	OCCURRED (Enter	r nature of injur	y in Part 1 or Pa	rt 2, Item 1B)		
	SIG	or contributing (If either, notify i	CAUSE OF DEAT medical examin	m HOUR A.M. ner) P.M.)							
Tee E	₩	214 INDURY OCC	DDED 21-		(AT HOME, FARM, STREET, FAR	TORY.) 21f LOCATION	Street or R.F.D. No.	City	or Town	Coun	tγ	St	ote
/ Set is		ict work at we	rk 🗆										
可可可可		22a. I certify	that (!) (th	is haspital) at	tended the decease	ed from 1 - G	, 196	2 8, 10 4	- 25	, 1968	, that	(I) (we) las
7 77 (1)	03	saw the	deceased a	live on 4	- 2-5 1	9 <u>6 S</u> , and that in	r(my) (our) api	nian death c	ccurred an th	e date and	l haur d	and fra	m the
SEE O			tatea apavé	Still (me) (aid	fora var) view tue	baay after death.				OO. DATE CH	CHER		
. ~ ~ ~		220. SIGNATURE	oh	1-6	57			AED.	STAFF			-0	
		224 PHYSICIAN S	9 00	0 ,	0,-		J			Mary	Lanc	D ()	
		NAME (Type)	John I	Ford,	M. D.	-8	31 Unive	rsity E	lvd. E.	,Silve	r Sp	ring	5
See N	830	TRI RIAL GREMAT O	N 23h	DATE	23c ANAME OF	7-1							-
	-	-REMOVALTS becify				,	11	Hoda	exker	ext.	11/2	Til	1
	24.	FUNERAL PARECTOR		Fal,	ADDRESS	2-1/2	2So. RECD B	Y REGISTRAR		RAR S SIGNAT	URE		
30M REV 1/68		X-We	hur	Kel	leco,	12 Have	DATE M	AY 21	1968	Marel	So yo	edal	4
	To FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely fit director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon and include be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled may be a first this certificate has been signed by the attending physician and completely filled may be a first this certificate has been signed by the attending physician and completely filled may be a first the filled with the State Dept. of Health pring to buriel, cremation, ar removal, and in any event, within 72 hours there deather the filled with the State Dept. of the filled with the filled	3. SEX Male 70 BIRTHPLACE (State of country) 70 Director, but a state of the country) 70 Director, but a state of the country) 70 Director, but a state of the country 70 Director, but a state of the country 71 Dear of the country 72 Director, but a state of the country 73 Director, but a state of the country 74 FAITHER'S NAME 75 DIRECTOR: After this country 76 Director, but a state of the country 77 Director of the country 78 Director of the country 78 Director of the country 79 Director of the country 70 Director of the country 70 Director of the country 71 Director of the country 72 Director of the country 73 Director of the country 74 Director of the country 75 Director of the country 76 Director of the country 77 Director of the country 78 Director of the country 78 Director of the country 79 Director of the country 70 Director of the country 70 Director of the country 71 Director of the country 72 Director of the country 73 Director of the country 74 Director of the country 75 Director of the country 76 Director of the country 77 Director of the country 78 Director of the country 78 Director of the country 79 Director of the country 70 Director of the country 70 Director of the country 71 Director of the country 72 Director of the country 75 Director of the country 76 Director of the country 77 Director of the country 78 Director of the country 78 Director of the country 79 Director of the country 70 Director of the country 70 Director of the country 71 Director of the country 72 Director of the country 75 Director of the country 76 Director of the country 77 Director of the country 78 Director of the country 78 Director of the country 79 Director of the country 70 Director of the country 70 Director of the country 71 Director of the country 71 Director of the country 72 Director of the country 78 Director of the country 78 Director of the country 79 Director of the country 70 Director of the country 70 Director of the country 71 Direct	Type or print) S. SEX Male 70 BIRTHPLACE (State or fareign country) Ontario, Canada 10. CITY OR TOWN OF DEATH Silver Spring 130 USUA. RES DENCE (Where decess odmission) STATE Maryland 14. FATHER'S NAME First Howard 16. WAS DECFASED EVER IN U.S. ARA Yes, no, or unknown) 18 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE) 18 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE) 19 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 21d INJURY OCCURRED While of work 22d. I certify that (!) (the saw the deceased accuses stated above 22b. SIGNATURE 22d. PHYSICIAN S NAME (Type) 23d. FUNERAL PIRESOOR 24. FUNERAL PIRESOOR 23d. FUNERAL PIRESOOR 24. FUNERAL PIRESOOR	(Type or print) Company A RACE A	(Type or print) ELMER HOWARD 3. SEX Male A RACE White To BIRTHPLACE (State or foreign country) Ontario, Canada 10. CITY OR TOWN OF DEATH Silver Spring 13. COUNTRY Ontario, Canada 10. CITY OR TOWN OF DEATH Silver Spring 14. FATHER'S NAME First Maryland Montry 15. COUNTRY Wontry Montry 16. CONTRIBUTION Residence before odmission) STATE Maryland Montry 16. CAUSE OF DEATH (Enter on y one couse per line log (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOUD ON AS A CONSEQUENCE OF Conditions, fony, which gove rise to immediate couse (c). Storing the underlying couse In On AS A CONSEQUENCE OF Conditions, fony, which gove rise to immediate couse (c). Storing the underlying couse In On DATE OF OPERATION 190 DATE OF OPERATION	Companies Comp	Type or print)	Company Country of	Capman C	Compared Compared	Capman C	Page of print ELMER HOWARD CAPMAN Page Page CAPMAN Page Page CAPMAN Page Page CAPMAN Page CAPMA



Punerol 1 ond 2 death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

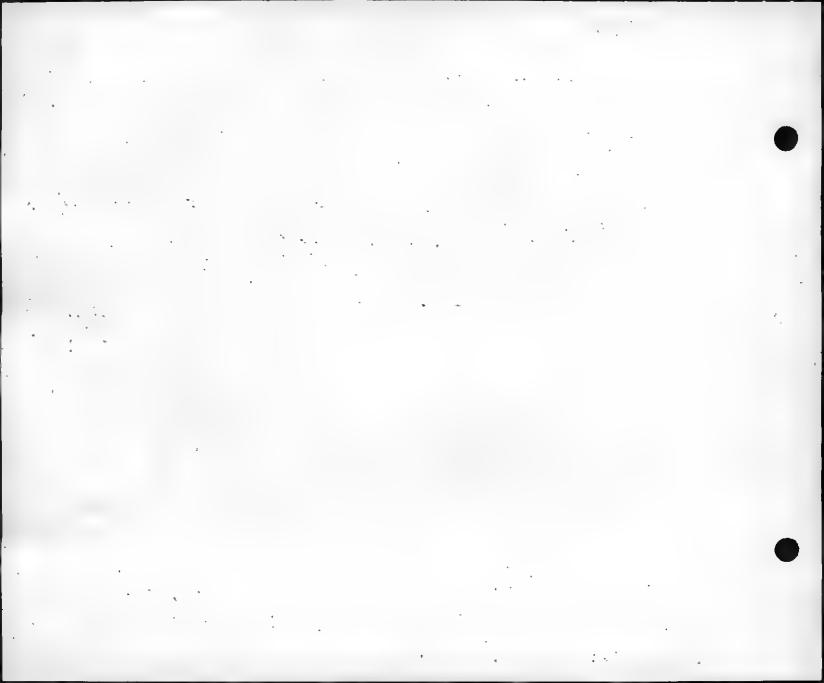
TO FUNERAL MINICTOR: After this certificate has been signed by the attending physicial and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbah papers, should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, withma-22th

30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFICA	ATE OF DEATH		.) 7	7110
	CEASED-NAME First	Middl	le	Lost	2o. DATE OF DEATH		2b HOUR
(1	Ype or print) Carn	Well Bas	lest	Hick	Month	Doy Year	130 P. M
3 5	X	4. RACE	f	DATE OF BIRTH	6 AGE (In year:		IF UNDER 24 HRS
	Fimale	w tiete		may 16,1	1968 lost birthdoy)	YRS. MONTHS DAYS	HOURS MIN
7o	SIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED S	COUNTY OF DEATH		7
COU	maruland	usa	WIDOWED		montgo	merj Co	7 - Md
10 0	ITY OR TOWN-OF DEATH	11 NAME OF HOSPITA give street oddress)	AL OR INSTITUTION (If no		OCCUPAT ON (Kind of work of		F BUSINESS OR
X	ret Tresda		Juburl a	7°	st of working life, even if retir	,	
13 ₀ . odm	SUAL RESIDENCE (Where deceo	sed lived, if institution Residence	before 13c CITY OR	A A	-	R	12.
	many land	renis	muy Kock	Wille YES INO	421110	mizomu	ing are
]4,]	FATHER'S MAME First	Muddle (8	105	MOTHER'S MAIDEN NAME FIR	st Midd	lle 1	lost
1/	1x oga	William 1	MMWLA	taura	Jean	Hau	GHTOV
	WAS DECEASED EVER IN U.S. ARI es, no, or unknown) (III yas give v	MED FORCES? wor or dates of service)	ECURITY NO 17 IN	EDRMANT CONT	Addre	ISS	0
<u> </u>				man con	igi can	APPRO:	XIMATE INTERVAL
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), ED BY:	ond (c)) aturity	*			ONSET AND DEATH
		IATE CAUSE (o)				PIRI	11000
	Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUE	ENCE OF			3/19	8 /
	rise to immediate couse (o),	(b)	ence oe			/ /	5/17/60
	stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENLE UF			/	3/14,
		NDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)		
l	1/6>	Total South Control of South	_ 507 1101 11021105 10	THE THREE PROPERTY OF THE	in the state of the state of		
CERTIFICATION		CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o AUTOPSY?	20b IF YES, WERE FINDI	NGS CONSIDERED IN	CERTIFYING
18				YES	CAUSES OF DEATH?		
	210 ACCIDENT WAS UNDERLYIN			W INJURY OCCURRED (Enter	nature of injury in Part 1 or Pa	rt 2, Item 18)	
AFDICAL	OR CONTRIBUTING CAUSE OF DEA		Y Yeor				
ME	21d, INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, EARN, OFFICE BUILDING		ATION Street or R.F.D No	City or Town	County	Stote
	at work of work						
П	22o. I certify that (I) (th	ns hospital) oftended the c	deceosed from	5/16 , 196	1, to 5/17	, 19 🐼 , tha	t (I) (we) las
	sow the deceased of	alive on 5/27 e. (I) (we) (did not) vis	19 <i>@1</i> , and	that in (my) (ou r) opin	non deoth octurred on th	ie dote ond hour	ond from the
	22b. SIĞNATURE	e, (i) (we) (aid ital) vie	en the bady offer o	editi.		22c DATE SIGNED /	/
	, with	15/1/ Eskery	My D- DEGRE	E PHYS. ME	ED STAFF PHYS.	5-77/5	5 5-1
	22d. PHYSICIAN'S	140000	, , ,	22a. ADDRESS	20 1	21	C . /
	NAME (Type)	M NSIEPELIA	- 5 M D	4.700 K	shopped f	Kud Cffs	11100
23o		DATE 234 N	AME OF CEMATERY OR		23d LOCAT ON (City of Town)	((qunty)	(Stote)
	REMOVAL (Specify)	250 68 31	Burbar		Betherla-	- MONIGON	very-146
184	FUNERAL DIRECTOR	ocal Admin	ADORESS 1	250 REC'D BY	The state of the s	RAR'S SIGNATURE	edez.
1	IKS. M. MONY	Corportion in	Alan.	DATE MAY	23 1968 /	The same	0



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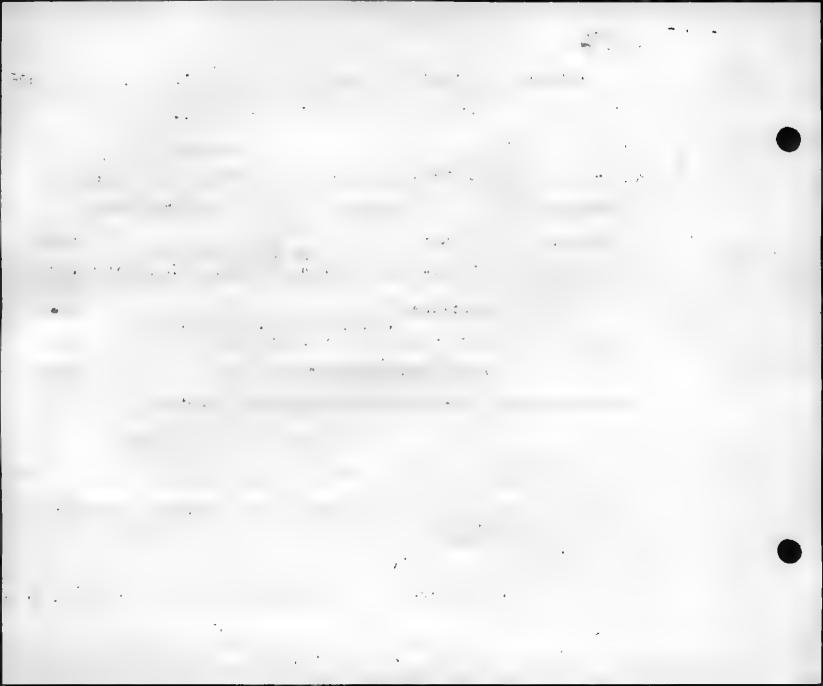
CERTIFICATE OF DEATH

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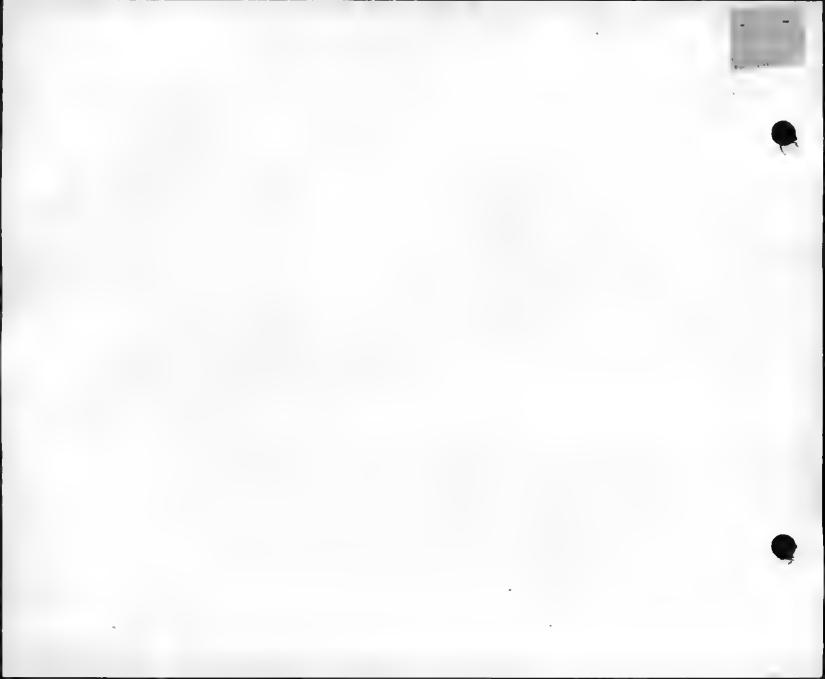
17 C 2(17 PM		,	CEIVITE	AIL OF BLAIT					
1. DECEASED-NAME Firs	t	Middle		Last	2a. DATE OF DE	44 15 50		2b	HOUR D
(Type or print) Will	iam	Allen	C	audill		Month De May	y Year	68 1	1:05
3. SEX	4 RACE	•		S DATE OF BIRTH	6	AGE (in years	IF DNDER 1 YEA		R 24 HRS
Male	T.	<i>V</i> hite		10 August 1	914	iost birthdoy) 53 YRS		AYS HOURS	Milk.
70 BIRTHPLACE (State or foreign	76 CITIZEN OF WHA	T COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY OF D	ATH			
country) Kentucky	USA		WIDOWED	DIVORCED _	Montgo	mery			Md
10 CITY OR TOWN OF DEATH	11 NAM	AE OF HOSPITAL OR IN	STITUTION (If r		JAL OCCUPATION (K	ind of work done		OF BUSINES	SOR
Bethesda		The second secon	inical	Center during n	rest of working life Teacher	e, even it retired.)	Educ	ation	3
13a USUAL RESIDENCE (Where decer	ised lived, if institutio	n. Residence befare	13c CITY OF			T AND NUMBER			
13a USJAL RESIDENCE (Where deceded odmiss an) STATE Kentucky	130 COUNT		Denv	C1 38		street a	address	3	
14. PAIREKS NAME PIST	Middle	Lost	11	S. MOTHER S MAIDEN NAME	First	Middle		Last	
Minifee		Caudill		Dm				Collin	18
16a. WAS DECEASED EVER IN U.S. AR	series of dotter of connent	66. SOCIAL SECURITY		NFORMANTThe Med					
Yes, no, ar unknawn) (If yes gee		<u> 103-16-98</u>	30 T	he Clinical	Center, 1	IIH, Beti		Mary ROXIMATE INTE	
18. CAUSE OF DEATH (Enter of		far (a), (b), and (c).	.)				BETWE	EEN ONSET AND	OEATH
PART 1. DEATH WAS CAUS	IATE CAUSE (a)Br	onchopneu	monia				3.1	Days	
		A CONSEQUENCE OF	Genito	urinary & su	bdural he	emorrhage	В		
(ondit ons, if ony, which gave rise to immediate cause (a),		ssive gas	troint	estinal hemo	rrhage/		3 1	weeks	
stoting the underlying cause		A CONSEQUENCE OF			•				
lost	(c) <u>Ch</u>			us Leukemia			6.3	Years.	
PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTE	NG TO DEATH BUT N	OT RELATED T	DITHE TERMINAL DISEASE OR	CONDITION GIVEN I	N PART I(a)			
				astic Crisis	2 Mor	nths			
19d. DATE OF OPERATION 196	. CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20g AUTOPSY?		S, WERE FINDINGS	CONSIDERED II	N CERTIFYIN	G
19d. DATE OF OPERATION 19d				YES NO	- }	Yes			
	TIO HILL OF	NJURY Manth Day Year	21c. H	OW INJURY OCCURRED (Ent	er nature of intury	n Part 1 or Part 2	, Ifem 18.)		
OR CONTRIBUTING CAUSE OF OF		mailin pay rear							
21d, INJURY OCCURRED 21d While Not while at work	PLACE OF INJURY	NT HOME, FARM, STREET, FAI N'FICE BUILDING, ETC.	CTORY.) 21f L	OCATION Street or R.F.D. N	c City or	Tawn	County		Stote
22a I certify that (1) (t	his hasnital) atter	ided the decease	ed from	l March 19	68 . ta Jr N	av I	91968, 11	nat vík (v	ve) last
saw the deceased	alive an 4 M	3.4	19 68 an	d that in browk (aur) ac	union death occ	urred on the d	late and ha	ur and fr	am the
causes stated abov	e, 3(d)c (we) (did) (3	tokeet) view the	bady after	death.					
220 S GNATURE	C. yo	M	D_ DEGI	REE PHYS		STAFF -	. date signed 5 May]		
22d. PHYSICIAN'S		L.,		22e. ADDRESS The	Clinical				
NAME (Type) Rot	ert C. Yo	ung, Mb.		Institute	s of Heal	th, Beti	nesda,	Md.	2001.
Protefficial 25 f W	DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23d LOCATION	(City or Town)	(Cgunty)	(Stat	e)
130 KM 3	1-6-68			- 7	PAIN	TVILLE	KEN	TUCK	Y
24 FUNERAL-DIRECTOR	. (ADDRESS	of S		BY REGISTRAR	25b. REG STRAR	S SIGNATURE	1	1
W. Chambre	ce G 1	700	a	ELRO, COATE MA	Y 7 198	20 /	arley	and the same	•

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funderal director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages and 2 should be filed with the State Dept of Health priar to burial, cremation, or removal, and in any event, within 72 havis after again. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. Poge 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 26 HOUR (Type or print) ELIZAABETH Month 4 RACE IF UNDER YEAR 1F UNDER 24 HRS. last birthday) 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED 📝 DIVORCED MONTGOMERU requires that the death cert ficate be executed within 211 120 USUAL OCCUPAT ON (Kind of work done 10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
SUBURB during most of working life, even if retired) ETHESDA Housewife 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. FINSTOE CITY LIMITS? 13b. COUNTY odmission) STATE 14 FATHER'S NAME M ddle 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. Yes no or unknown) (if yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, fany, which gove) rse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) Health prior to certificate hos been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AJTOPSY? CAUSES OF DEATH? YES [T] 210. ACCIDENT WAS JNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBLING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote O FUNERAL DIRECTOR: After this While Not while of work at work I 22a I certify that (1) (this hospital) attended the deceased from 1445, 1947, to 1444, 1948, that (1) (we) last saw the deceased alive on 1945, and that in (my) (our) opinion death occurred an the date and hour and from the couses stoted above, (1) (tre) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING erran Mac, DEGREE director, poge should be filed D.RECTOR 4801 Montgomery Lane 22d PHYSICIAN S 22e ADDRESS JOHN D. HIRMAN NAME (Type) Bethesda. Maryland 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 5-8-68 Williamson, W. Va. Lawson Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W

	PRESTON	STREET,	BALTIMURE, MARYLAND	21201	
-	ICATE C	AE DEA	TU		17

	.,			(.EK III	ILAIL OF	DEATH				
	ECEASED-NAME	First		Middle		Last		2a. DATE OF			
[]	(ype or print)	Ronal	d	Clifton		Champi	Lon		Month May	200	1
3. SE	Χ		4. RACE			S. DATE OF B			6 AGE (In ye		IF UNDER
	Male		W.	hi.te		Octo	ber 16,	1944	losi Zonghda	y) YRS.	MONTHS
	BIRTHPLACE (Stote of	or foreign	76. CITIZEN OF W	HAT COUNTRY?	8 MARR	IED 📄 NEVER MAI	RRIED	. COUNTY OF	DEATH		
coui	Kentu	eky	USA		Widow		RCED 🗍	Monte	gomery		
10. (ITY OR TOWN OF D	EATH		IAME OF HOSPITAL OR INS					(Kind of worl		12b. #
	Bethesda		fh	e Clinical	Cent	ter, MIH	Cler	stafwarking k Typi s	life, even if re S C	tired.)	UNDU
		Where decease		tion Residence before		OR TOWN	139 INZIDE CITY L M		REET AND NUM	BER	
3 d m	ssion) STATE	land	13b COUNTY	ntgomery	Che	evy Chase	YES NO	670	05 Fair	rfax	Roa
14	FATHER'S NAME	First	M ddle	Last		IS MOTHERS M				ıddle	
		bert	C.	Champi	lon		Luc	ille			
16a	WAS DECEASED EV	ER IN U.S. ARM		16b SOCIAL SECURITY N		17 INFORMANT	Pho Mod	inol Re	bb hr on	dress	
1	(es, no, or unknown) NO	(If yes give w	or or dates of service)	102-60-00		The Cli					Md.
		ATH (Enter onl	v one cours per l	ine far (a), (b), and (c)						olor	
		H WAS CAUSED	BY-	Candidiasi		oral ca	vitv.	harvnx			-
	2010		TE CAUSE (a)	AS A CONSEQUENCE OF			- 4 5		A		
	Conditions, if any		DOE 10, OK	Acute myel	OGET	ous leuk	cemi a				1
	rise to immediat		(b)		O BOL	LOUI	P CALLEDOO		-		-
	stating the unde	rlying cause	DUE TO, OK	AS A CONSEQUENCE OF							
	lost		{c}								_
	PART 2 OTHER SI	GNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT NO	OT RELATE	D TO THE TERMINA	IL DISEASE ORCC	INDITION GIVE	I IN PART 1(0)		
20	1 6										
SATE	190 DATE OF OPER	ATION 19b	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20g. AUT	PSY?		YES, WERE FIN	DINGS C	ONSIDERE
TH						YES 📑	NO 🗌	CAUSS	OF DEATH?	Yes	5
E	210 ACCIDENT W				21	HOW INJURY OC	CURRED (Enter	nature of injur	y in Port 1 or	Port 2,	Item 18.)
MEDICAL CERTIFICATION	DR CONTRIBUTING				,						
ME	21d INJURY OCCU	JRRED 21e		(AT HOME, FARM, STREET, EACH OFFICE BUILDING ETC.	TORY,) 21	f LOCATION Stre	et or RFD Na	City	ar Town		Caunt
	While Not what work of work	rk 🔲									
	22a certify	that (10 fthi	s haspital) at	tended the decease	d_from	Novembe	r 2/19 6	1 , ta Pi	1y 20	, 19	
	saw the	deceased a	ive on May	20 1	900,	and that in pa	攻) (aur) apir	uan death c	ccurred an	the do	te and

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dwath certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within A hour Page 4 may be retained by the haspital ar attending physician.

causes stated above, Of (we) (did) (20205) view the body after death 22b. SIGNATURE 22d PHYSICIAN S NAME (Type)

Robert

DEGREE

ATTENDING PHYS ^{22e} ADDRESS The (Institutes

22c DATE SIGNED May 1968 20

230 BUR AL, CREMATION REMOYAL (Specify)

23b. DATE 5-24-68 23c NAME OF CEMETERY OR CREMATORY Hampton Cemetery 23d. LOCATION (City or Town) Hampton,

Clinical Center, Nati

(County) (Stote) Kentucky

County

VR A15 (4) 30M REV 1/68

Wisconsin Ave Pumphrey7557 Bethesda, Md

M.D

Young.

25a. REC'D BY REGISTRAR 1968

25b REGISTRAR'S SIGNATURE

National esda, Md.

2b. HOURAM

Md.

IF UNDER 24 HRS HOLRS

Govit.

12b. KIND OF BUSINESS OR

Road, Apt. 2 Last Curry

50017

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH days

4 years

NSIDERED IN CERTIFYING

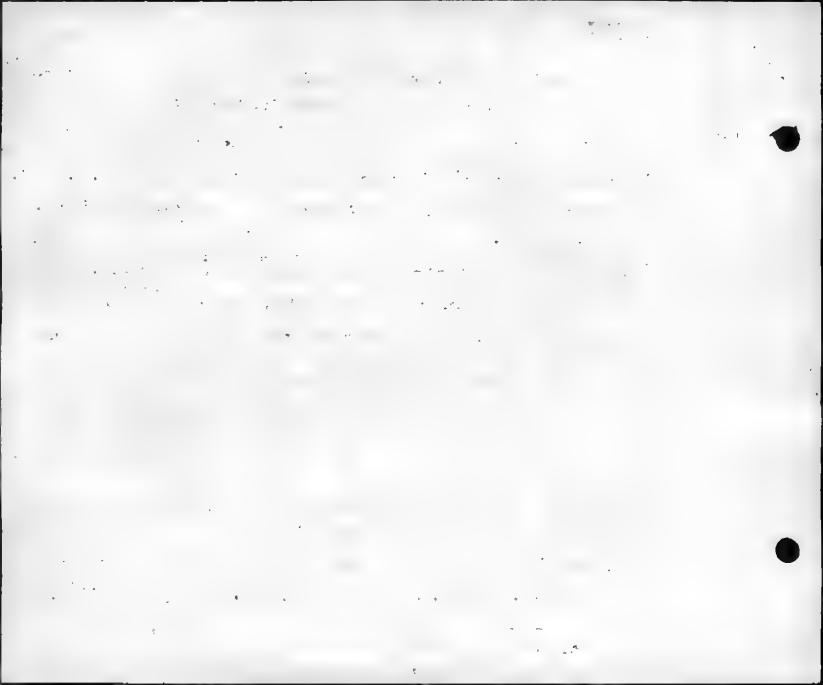
that (4)

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State

(we) last

IF UNDER YEAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2b. HOUR P DECEASED-NAME First Middle 2a. DATE OF DEATH (Type or print) Month Clarence Serenus Christensen May 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (in years F JNDER 1 YEAR lost birthday) MONTHS Male White 15 April 1941 70 BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED TO NEVER MARRIED West Virginia USA WIDOWED [DIVORCED [Montgomery 10. GTY OR TOWN OF DEATH 1] NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR The Clinical Center, NIH during most of working I fe, even if retured.)
Route Salesman Soft Drink Bethesda 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE C'TY LIMITS? 13e STREET AND NUMBER 13b COUNTY NO se 11106 Gainesborough Court Fairfax 14 FATHER S NAME IS MOTHER'S MAIDEN NAME First M-ddle First Middle Lost Kenneth S. Christensen Ann Trumata 17 INFORMANT The Medical Record Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, no, ar unknown) The Clinical Center, NIH, Bethesda, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: Acute Pulmonary Insufficiency 5 days IMMEDIATE CAUSE (o) 186X DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) (b) Metastatic Testicular Choriocarcinoma 11 months nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICAT ON 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO Se YES [2 g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT NOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d thuJRY OCCURRED City or Town County Stote Whe Not while at work 22a I certify that (X) (this hospital) attended the deceosed from 20 May , 19.68 , to 26 May , 19.68 , that (X) (we) lost saw the deceased alive an 26 May 19.68 , and that in (25) (aur) opinion death occurred on the date and have and from the couses stated above, (X) (we) (did) (di 22c DATE SIGNED 22b. SIGNATURE∕7 27 May 1968 DEGREE PHYS PHYS DIRECTOR 22d. PHÝSICÍAN S 22e. ADDRESS The Clinical Center, National NAME (Type) Michael Emmer, M. D. Institutes of Health, Bethesda, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BUR AL, CREMATION 23b DATE (County) REMOVAL (Specify)

O RUNE LAL DIRECTOR: After director, page 3 should be filed v VR A15 (4) 30M REV 1/68

requires that the death certificate be executed within 24 hours after death

and campletely filled in by the remave carbon papers. Pagin any event, within 72 hours

physician and campletely f en please remave carbon

removal

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as the has been

Health prior t

signed by the burial-transit p

physician.

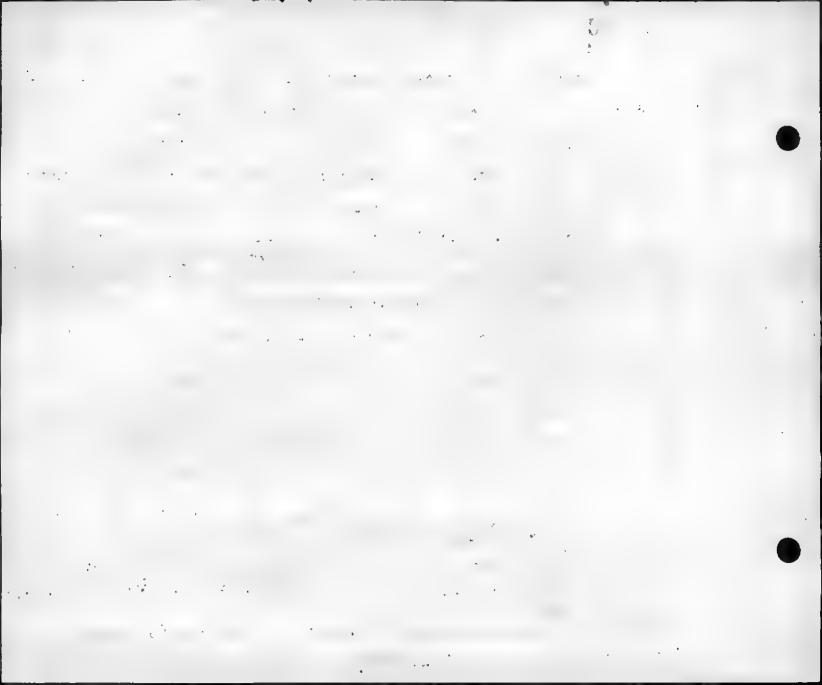
attending

be retained

FUNERAL DIRECTOR vin ton-cartin

National Mem. Park ADDRESS 1/1 Leesbur 7 Pike Follo Chumah

Falls Church, Virginia 1968 REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First M ddle 20 DATE OF OEATH 2b. HOUR (Type or print) LOUIS CLAGETT 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost buthdoy) White Jan. 16, 1913 Male 76 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X 1 NEVER MARRIED Rockville, Md. Montgomery U. S. WIDOWED | DIVORCED [10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddressHolv Cross Hosp. Silver Spring during most of warking the even if retised 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INS DE CITY JIM TS? 3e STREET AND NUMBER odmission) STATE Md 136 COUNTY Montgomery YES X NO 11308 Galt Avenue S11. Sp. 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Charles Clagett Allison Cora Address Silver Spring 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes no or unknown) (If yes give war or dates al service) 214-03-8360 Mrs. Richard Lewis - 411 Whitestone Rd. 3B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) p-PART I, DEATH WAS CAUSED BY Myocarcha IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) nse to immediate cause (a), stating the underlying couse! 40 Cardia PART 2 OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) MONIC SCCORLEUN 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20a. ALTOPSY2 CALISES OF DEATHS YES [21o ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. County Stote City or Town While Not while at work 22a | certify that (1) (this haspital) attended the deceased from 170 = 5, 1963, ta 11/20, 11, 1966, that (1) (we) last saw the deceased alive an 180 = 1955, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did-not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS 22e ADDRESS 22d PHYSICIAN'S George L. Ball 10620 George Ave. Silver Spring. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION, REMOVAL (Specify) May 14. 1968 | Salem Cemetery Ylen Carter 8434009Eorgia Ave. Brookville. Md. 250 REC'D BY REGISTRAR 256, REG STRAR SESIGNATURE VR A15 (4) 30M REV 1/68 Inc. Silver Spring. Pumphrey.



	CERTIFICA	ALE OF DEATH	Reg. Dis	t. No.
PLACE OF DEATH O. COUNTY Montromery	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived If institution: Residence and b. COUNTY Mont	gomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		itside carparate limits, write RURAL and g	ive nearest town)
Bethesda I	11)	Bethesda		
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION 4413 Maple A		d STREET ADDRESS 4413 Ma	ple Ave.	ON A FARM? YES NO.
NAME OF Finst DECEASED (Type or print) ROSEMARI	Middle E (CLARK	4. DATE Month OF DEATH May 1	Day Year 5. 10 6
. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS.
Female White WIDOWE	D DIVORCED	Mar. 21, 191	-5 55 yrs.	Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) Housewife	(IND OF BUSINESS OR INDUS	New York		ZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	· -
John Egan		Bridget		
	OCIAL SECURITY NO 17. II	NFORMANT Husbar	Address	Th 0
	2-01-2658 Jo	ohn K. Clark	Same as	Item 2.
18. CAUSE OF DEATH [Enter only one couse per line	e for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (o) C 8	rcinomatisi	S		6 mos
DUE TO				0 3.00
Condition is not used to have	onchogenic	carcinoma		3 vrs
gove rise to immediate	_onenogenie	Carcinoma		3 yrs
Luice source lost				
(4)	CALTRIBUTING TO OCCUPIE BUT	NOT BELLTED TO THE TERMS	The state of the s	120 1210 4127000
Pait II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT KEDATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PAKE	PERFORMED?
200 ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 206. DESC OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED). (Enler nature of injury in Po	ort I or Part II of item 18.)	
·				
5 20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. p. p, m. 19 of work	Not while foc	ACE OF INJURY (Hame, form, story, street, affice bldg., etc.)	20f. (City or town) (C	ounly) (Stale)
21. I certify that I attended the decease	d from Apr	1667 to 1	4 May , 1968 , that I l	ant name that dance is
Glive oil 15 Mary 19 0	10, ona mar death		AM, from the causes and an th DORESS (Street, city or town, state)	ie date stated abovi DATE SIGNE
ACTUAL SIGNATURE	100-1		rfolk Avenue	5-15-68
PHYSICIAN'S JOHN M. WYMAN		Bethesda	a, ^M aryland 2001	.4
20. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 5-18-68	22c. NAME OF CEMETERY OF Gate of Hea		22d. LOCATION (City. town. or county) Silver Spring,	(Signe) Maryland
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS thesda, Mar		BY REGISTRAR 246. REGISTRAR'S SIG	NATURE VILLE
		DAIL	- 1-00	

ofter death: Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hav may be retained the haspital or attending physician.

TO FUNERAL DIR:

R: After this certificate has been signed by the attending physician and campletely filled page 3 shauld b. Aached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. TO HOSPITAL OR

VS A15 (4) 15M 9/55



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR require that the death certificate be executed within 24 hours after death. (Type or print) Cleamons funera Annie 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS HOURS 1-emale 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State ar fareign 8 MARRIED KNEVER MARRIED WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done give street oddress)

Montgo Merca during most of working life, even if retired) Olney .3a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13k CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY signed by the attending physician and co burial-transit permit. Then please remov burial, crematian, ar removal, and in any i IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Middle KOGERS 16b SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? [If yes give war or dates of service) Yes, no, arjunknown) Wort 18. CAUSE OF DEATH (Enter only one cause per line fay (a), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) (5), 9 Conditions, if any, which gove) stomuch & aldown rise to immediate cause (a), by the hospital ar attending physician. stating the underlying cause(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? STomach YES [NO K O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County Stoře While Nat while at work 220 I certify that (I) (this hospital) attended the deceased from 11 30 , 1977, ta 3/2, 1960, that (I) (we) lost saw the deceased alive an 3/2, 1968, and that in (my) (our) apinion death occurred on the date and hour and from the director, page 3 shauld should be filed with the couses stated above, (1) (we) (did) (did not) view the body after death 22b SIGNATURE iles, M.P. ATTENDING PHYS MED DIRECTOR DEGREÉ 22e ADDRESS ARKOLLE, MD 22d PHYSICIAN'S S. WHITAKER 40 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City ar Town) 23a BURIAL, CREMATION (County) (State) REMOVAL (Specify) CVKOSVII 250. REC'D BY REGISTRAR MAY 1 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68~



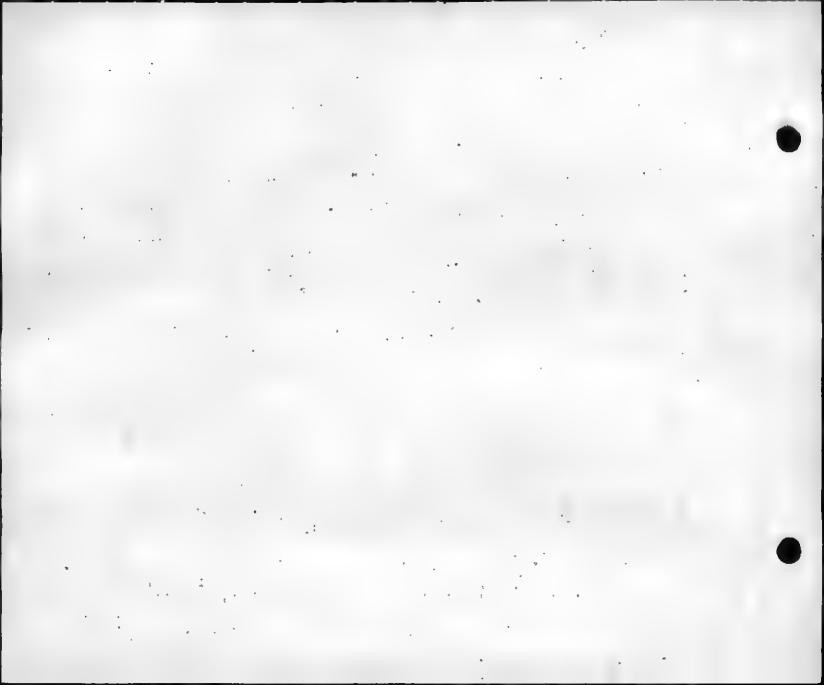
11192 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dwath certificate be executed within 24 haurs after debth hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers, should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any eyent, within 72 h Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIEICATE DE DEATH

				CLICITI	CALL OF	PEATH				
1. DECEASED-NAME (Type or print)	First HARO	T.D	Middle	0	Lost OHEN		2g. DATE OF	DEATH Month /2 Day	67 Year	2b. HOUR
3 SEX	1123110	4 RACE			S DATE OF BII	PTH		6 AGF (In years	IF UNDER YEAR	IF UNDER 24 HRS.
Male			Vhite		11/13			lost birthday) 4 / YRS.	MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE (State country)	,		WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARI	R ED 7	Montgo			Md.
10 CITY OR TOWN OF Silver S	DEATH pring	11 gr	NAME OF HOSPITAL OR ve street address) Ho	INSTITUTION (IF	nat in hospital s Hosp.	during more	OCCUPATION of of working than the	(Kind of work done life, even if retired.)	126 KIND OF INDUSTRY Clot	BUSINESS OR
13a. LSUAL RESIDENCE odmission) STATE Mai	(Where decease ryland	13b COUNT	tution Residence befor	13c. CITY 0		YES NO		REET AND NUMBER 3 Easecres	st Dr.	
14. FATHER S NAME	First	Middle	Lost		IS MOTHER'S MA	IDEN NAME Fin	21	Middle		Lost
	amuel		Cohen				arah	Mary	Kra	vitz
16a, WAS DECEASED EV Yes, na, ar unknown Yes, An	ER IN U.S. ARM (If you give we The Wa	FD FORCES? If or dates of service) WII	16b. SOCIAL SECURIT	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	informant S		5011 B	Address Senton_AVe	Beth.	.М.,
18. CAUSE OF D	EATH (Enter on: HH WAS CAUSED IMMEDIA' (, which gove) te couse (o).	8Y IE CAUSE (a) OUE TO, O (b)	R AS A CONSEQUENCE OF	(d) e Ce OF CERT	nyl	lun	eı	chou	APPROXI	
last.	arrang coose	(c)								
PART 2 OTHER S	IGNIFICANT CON	DITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL	DISEASE OR CO	INDITION GIVEN	IN PART 1(c)		
190 DATE OF OPER	ATION 196. (ONDITION FOR	WHICH OPERATION WAS	PERFORMED	20a AUTO	PSY?		YES, WERE FINDINGS C OF DEATH?	ONSIDERED IN C	ERTIFYING
21a. ACCIDENT W	CAUSE OF DEATH	HOUR A.			IOW INJURY OCC	URRED (Enter	nature of injur	y in Port 1 or Port 2,	Item 18)	
₹ 21d th. JRY OCC While Nat w at work at wo	URRED 21e		Y (AT HOME, FARM STREET OFFICE BUILDING FTC.	FACTORY.) 21f	OCATION Stree	t ar R.F.D No.	City	or Tawn	County	State
saw the	deceased al	ive an	ttended the deceded (did nat) view th	_19 <u>.6.0</u> , ai	nd that in Im	, 19 <u>6</u> (aur) apın	2.3, ta nan death a	accurred an the do		t(1)(we) last and fram the
22b SIGNATURE	200	llre	chio	26	ATTENDIN	DIO DI	RECTOR \square	STAFF PHYS.	DATE SIGNED	168
22d. PHYSICIAN S NAME (Type	M. W.	SHAPIR	о/ м. D.					rn Avenue aryland		
236 BURIA PREMATIO REMOVAL (Specify	,	ATE 14-68	- mx		R CREMATORY	em.	Hya	ON (City or Town)	Med.	(State)
24. FUNERAL DIRECTOR	->		ADDRE	SS - BL	11 11	2Sa REC'D-BY	REGISTRAR	1968 REGISTRAS'S	SIGNATURE	usgr



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALLIMORE, MAKYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. DECEASED NAME First Middle Lost 2a, DATE KNOWN Month Day Year 2b HC
~ 0 0° +1 / 1/	(Type or Print) Warner V Cullier DEATH MATED \$ 5 29 1968 57
y deloy ts y and 3 to PM3 Poge artmentot	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE IN YOUTS 1 FUNDER 1 YEAR 1 IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD 20 HB
de fo	AA WAR TI 19 AG OIL MONTHS DAYS HOURS MIN MONTH DOY YEAR AG
Pro ort	
Dep 3.2	70 BRIHPLACE (State or foreign 76 (ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH (COUNTRY) WISCH DC. WISA WIDOWED TO DIVORCED 19. COUNTY OF DEATH
form	
Pag Ith Sto	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a JSJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF
offer deoth Try 3 Give Pages 1, 2, blong with form P with the Stote Depa	Gaithers burg give street address Perserve Rd. during most of working life, even if retired) INDUSTRY eating
ofter of offer of offer	30 USUAL RESIDENCE (Where deceased lived, if not tution Residence before 13c CITY OR TOWN 13d. MSIOR CTY LM-152 13e. STREET AND NUMBER
. 77	odmission) STATE XAci. 136 COUNTY Montgomery Gotthers buil YES INO TO Gome Preserve Rd.
Heurs Jeem Offlice Offlice offer of	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
7 7 4 7 6	Jeffrey Collier. Lottie
	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ROCKVILLE, Md.
	(Yesting, or unknown) (Hyes give war or dates of sarvice) 578-00-1852 Victor Collier - son -1013 Crawford
두 프 프 프 프 프	APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT
of and	PART I. DEATH WAS CAUSED BY: Myocardial infarction, acute 8 hours
xecute Iding" Medical permit	DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if ony, which gove) Coronary insufficiency, severe
d b d :: d :: Chii Chii ran	nse ta immediate cause (a). (b)
should be en word "per or the Chief" burrot-transit	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
he v he v to the v burn d m	(c)
is certificate writing the forwarded to e used as a bremoval, and	PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR COND T ON GIVEN IN PART 1(a)
s, writing torwarded forwarded or used os a emovol, on	
certification orward used movo	196 CONDITION FOR WA CH OPERATION 20. AUTOPSY? WAS PERFORMED?
£ 6 0 D	FIS ZS. NO.
福里 辛 0	
cer cer shoul tion	CAUSE OF DEATH P.M. 19
(AMINER: e the cert e 4 should our files. oge 3 shou cremotion,	ZId INJURY OCCURRED 21e PLACE OF N_WRY (At home, form, street, place) 21f. LOCATION Street or R.F.D. No. (ity or Town County Stored or R.F.D. No.)
XA te te de vou	WHILE NOT WHILE TOCTORY, OTTICE BUILDING, BTC.)
Page Page Page Page Page Page Page Page	22a. I certify that I taok charge of the remains described above, held an Autopsy 💢, Inspection 💢, Inqu'ry 💆, and in my apin
CAL I	death resulted from. Natural causes 🔀 , Accident 🔲 , Suicide 🗍 , Hamicide 🗍 Undetermined manner
inect in the contract of the c	
of the depth of	ACTUAL Offines Bell ASSISTANT MEDICAL EXAMINER 226 DATE, SIGNED
EPUTY SSSORY, funero ay be INERAL	SIGNATURE MD ASSISTANT MEDICAL EXAMINER IX
DEPUTY CCSSORY, p e funerol may be re FUNERAL earlth prio	ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE AD ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER TO A OTA GOO'R DEPOT OF MEDICAL EXAMINE
O DEPUTY necessory, the funero 5 may be O FUNERA Health pr	
	230 BURAL (REMATION, Cauchy) 23b DATE Conference of CEMETERY OF CREMATORY Control (City or Town) (County) (State) Crematical (REMATION, Cauchy) (County) (State) Prince George Ind.
VR A15ME LED	The state of the s
10A4 REV 1 168 1	Rockvil e, Maryland DATE JUN 4 1968 Frances June



1	It		RYLAND STATE DEPA	ARTMENT OF HEALTH N STREET, BALTIMORE, MAR	YIAND 21201	
FOR STATE	ľ			RTIFICATE OF DEAT		, 4) * 1 = s
HEALTH DEPT.	1. D	EASED-NAME First	Middle	Lost	2o. DATE KNOWN Month D	oy Yeor 25 HOU
200	(oe or Print) Shields	Patterson	Collins Jr.	OF ESTI- DEATH MATED 🔀 5-7	168 123
ment ()	3 5		TH 6 AGE (In years	OF UNDER I YEAR IF UNDER 24 HRS	2c DATE PRONOUNCED DEAD	2d HQ.
DEA		iale Cauc. 12-2	21-13 lest buthday) 21 YRS	MONTHS DAYS HOURS MI	Month Day	Yeor 1968 123
1, Try		RTHPLACE (Stote or foreign 7b. CITIZEN OF WHA		RRIED NEVER MARRIED 9. 0	OUNTY OF DEATH	
form form	cour	Maryland USA	WIDO	OWED D. VORCED	Montgomery	,
off th Sto	10. 0		ME OF HOSPITAL OR INSTITUTION			B KIND OF BUSINESS OR DUSTRY
ofter deoth 8. Give Pog along with with the Sto leath.			reet oddress) shington San.		Climber	903-101
s offer 18. Giv e along 2 with death.		SUAL RESIDENCE (Where deceased I ved, if institu- nission) STATE 13b. CQUNTY		V56 - 10 - 10	The state of the s	
	<u></u>	Md. Monts	comery Si	TASTODY	9115 Flower Ave	
	14 7	HER'S NAME First Middle Shields	Collins	IS MOTHER'S MAIDEN NAME FILE		Lost
I within 24 in penclin Examiner's File poges 172 hours	160.	AS DECEASED EVER IN U.S. ARMED FORCES?		7. INFORMANT	SSie	Carter
within penclicanne xamine ile pogi		, no, or unknown) (If yes give wer or dates of service)		Hospital Reco		
be executed with "pending" in per hief Medical Exam ansit permit. File p	-	18 CAUSE OF DEATH (Enter only one couse per lin	e for (a) (b) and (c))	HOSPIDAL ACCO	ı u	APPROXIMATE INVERVAL
be executed "pending" in lief Med.cal E. Insit permit. F event within		PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o)		intracerebral l	nemorrha. e	BETWEEN ONSET AND DEATH
be execute "pending" ief Med.ca insit permit			AS A CONSEQUENCE OF			
be "pe		Conditions, if only, which gove				
should be e ie word "per o the Chief? burrat-transit in ony even		ISE TO IMMEDIATE COUSE (G). T	AS A CONSEQUENCE OF			
e sho the w to th	ļ	ost. (c)				
n + +		ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDI	TON GIVEN IN PART I(0)	
writing the writing to the warded seed as o novel, and	8	į i	195 COND TON FOR WHICH OPE	DAT GNI		20 AUFOPSY?
s, writh forwar used emovo	CERTIFICAT	70 DAIL OF OFTRAILON	WAS PERFORMED?	KA! ON		YES NO T
be be	E	TO EXTERNAL CAUSE WAS 216 TIME OF	NJURY Month, Day, Year 2	To HOW INJURY OCCURRED (Enter n	ature of in Jry in Port 1 or Port 2, term	
= -	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.A. CAUSE OF DEATH P.A.		,		,
(AMINER: le the certified to should your files. cremation,	9	Id INJURY OCCURRED 210 PLACE OF INJURY (A	t home, form, street, 2	If LOCATION Street or R.F.D. No.	City or Town	County State
ICAL EXAMINER: 1 execute the cert for Page 4 should ad for your files. CTOR: Page 3 shou buriol, cremation,		WHILE AT WORK AT WORK	, etc.)			
LES Gecur Pog For)		22a I certify that I taak charge of th	e remains described abov	e, held an Autopsy X,	Inspect an 📉 Inquiry 🔀	and in my apinia
e exect tor Po ed for CTOR: burrol,		death resulted from. Natural caus		Suicide , Hamicide	Undetermined manner	
elease edirector director etoined DIRECT		11/11/1	111/1/100	CHIEF MEDICAL EXAM	NINER	
ny, ple eral di be reto RAL Di prior		SIGNATURE SELDEN	fc. lely	M.D ASS STANT MEDICAL	XAMINER 226, DATE SIG	NED
		EXAMINER'S P	0 0-11	DEPUTY MEDICAL EXP		7-1968
o DEPUTY necessory, p the funeral 5 may be r 6 FUNERAL Health price	000	NAME (Type) DELDEN	, /TEAP		(OM) or conuta)	7,7700
7 - 101	230	BURAL (REMATION, 236 DATE 5/10/68	23c NAME OF CEMENTERY	Cemetery	3d LOCATION (City or Town) (C Dervo d, Nary)	ounty) (Store)
1	24	UNERAL DIRECTOR		ckville 1901 K@ BY	REGISTRAR 256 REGISTRAR'S SIG	NATURE _
VR A15ME [5]	I	on the ler funeral				arles Judge
	-					



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

DECEASED NAME 20 DATE OF DEATH Middle Lost 2b HOUR First (Type or print) Month Yeor 68 677 ZO 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF JNDER 24 HRS last birthday) MONTHS | DAYS HOURS 6-13-80 YRS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) It. WIDOWED 😾 D-VORCED 120 USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12b KIND OF BUSINESS OR give street address) during mast of working life, even if retired) 130 DSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER 13c CHTY/OR TOWN 134 INS DE CITY LIMITS? odmission) STATE 13b COUNTY NO T 14 FATHER S NAME Middle MOTHER'S MAIDEN NAME First Fifsl 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN Yes, na, ar unknawn) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, fany, which gave DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION. F YES, WERE FIND NGS CONSIDERED IN CERTIFYING 19th DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? CAUSES OF DEATH? YES [21g ACCIDENT WAS UNDERLYING 216 TIME OF NJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME FARM, STREET, FACTORY, 21f LOCATION Street or R.F.D. No. State City or Yown County DEFICE BUILDING, ETC. While Not while at work of wark 22a | certify that (1) (this haspital) attended the saw the deceased alive an causes stated above (1) (well (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** PHYS DERECTOR PHYS 22e, ADDRESS Robert .Macon NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City) 23a BURIAL, CREMATION, 23b DAYE REMOVAL (Specify) thersburg 25b. REGISTRAR'S SIGNATUL Ernest 25 CREC'D BY REGISTRAR

VR A15 [4] 30M REV 1/68

director, page 3 should be filed

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law requires that the death certificate be executed within 24 hours after death.

attending physician and completely filled in by the funeral permit then please remave carban papers. Pages Land

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signed burial

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O FUNERAL DIRECTOR: After this certificate

Page 4 may be retained by the haspital

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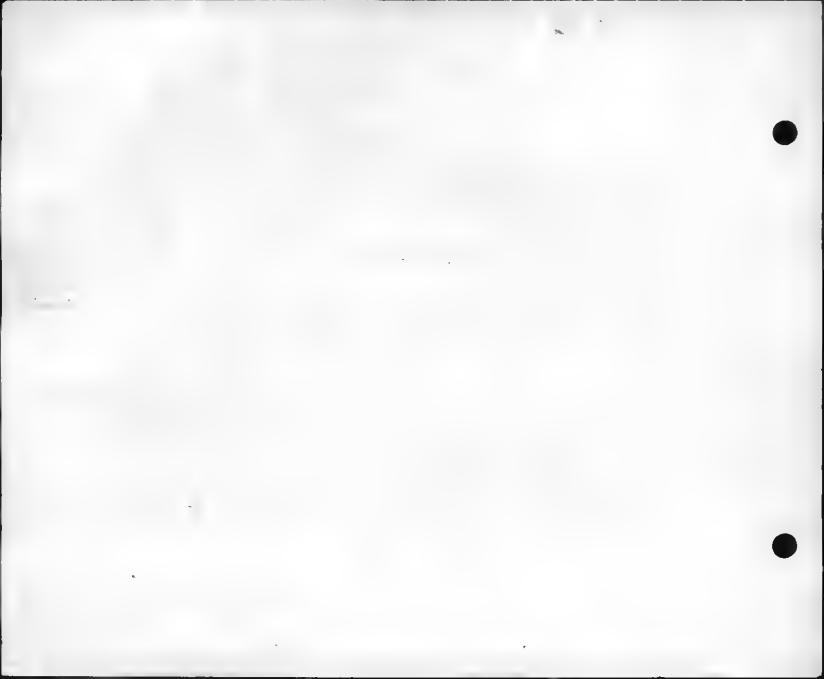
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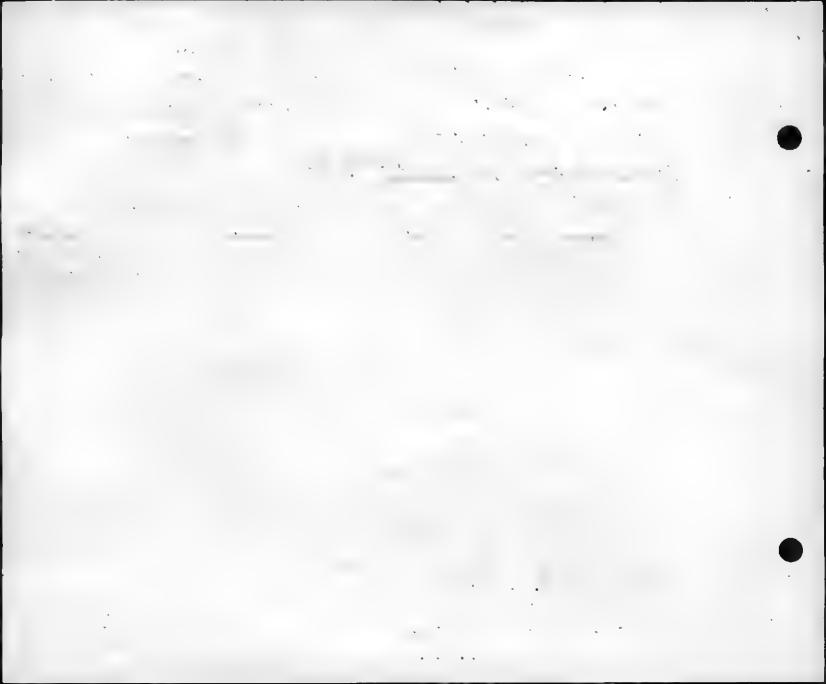
event, within 72 hours

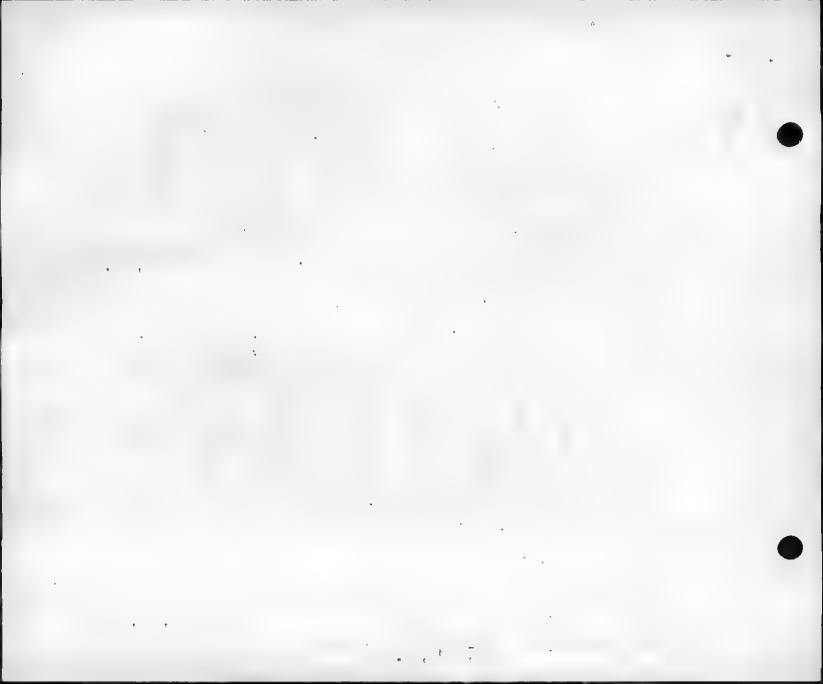
crematian, or remaval, and in any



CERTIFICATE OF DEATH DECEASED NAME Middle 20. DATE OF DEATE 2b. HOUR First (Type or print) Tooke Laura KellV 6 AGE (n years white iost birthdoy) MONTH5 Jan. 19, 1881 Female requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY'S 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Ohio United States Montgomery WIDOWED [DIVORCED [ID CITY OR TOWN OF DEATH INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OF Attheaucodland during most of working life, even if retired) Silver Spring, Md. Drive 130 USUAL RESIDENCE (Where deceased lived, f inst tution) Re thence before 13c CITY OR TOWN 13e, STREET AND NUMBER 1922 19th St. 13d. INSIDE CITY LUMITS? 1000/DALGVIOW/Drive in any 14 FATHER S NAME Middle Lost S MOTHER'S MAIDEN NAME FIRST Collect Samuel Cook Sarah ease 16b SOCIAL SECURITY NO Address /6/1/ Avor 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na, or unknown) 577-12-5676 ar removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) crematian, signed by the burnal-transit Conditions, if only which gove) 10 7 20 5 nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(6) prior to has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 9b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19rt DATE OF OPERATION 9 CAUSES OF DEATH? YES [NO [Health by the haspital ar After this certificate 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBLTING CAUSE OF DEATH HOUR A.M Month Day Year J.D (If e'ther, notify medical examiner) P.M Dept. (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 420, 19, 1960, to 5-11, 1968, that (I) (we) last saw the deceased give an 4-20-68 19, and that in (my) four) apinian death accurred on the date and hour and from the , and that of (my) (our) opinion death accurred on the date and hour and from the be retained O FUNERAL DIRECTOR: couses stoted above, (1) (we) (did) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS. MED DEGREE director, page stand 22d. PHYS CIAN S 22e. ADDRESS Geo. R. Huffman NAME (Type) 23b. DATE 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) REMATION 256 REGISTRAR S. SIGNATURE 1968 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR Joseph Gawler Son's Wash. D.C. 30M REV 11 DATE

MARYLAND STATE DEPARTMENT OF HEALTH





	. 7198	DIAISION OF ALL		N, PRESIUM SIRCEI, DALIII	NOKE, MAKTLAND ZIZUI	57204	
				IFICATE OF DEATH			
	ECEASED NAME Type or print)	Harriett	Middle Whitney	Covey	May Month 27 Day	Con State St	} } M
3 5	Female	4 RACE COU	С,	5. DATE OF BIRTH	1876 AGE (In years last bythday) YRS	IF UNDER I YEAR IF UNDER 24 HR MONTHS GAYS HOURS MI	_
	BIRTHPLACE (State or foreignity) Ohio	76 CITIZEN OF WHAT CO	MOSIN	RRIED NEVER MARRIED SOWED DIVORCED	Montgomer	V	Md.
10. <	CITY OR TOWN OF DEATH	II NAME OF	HOSPITAL OR INSTITUT O address) Chery (Ind & C during mo	OCCUPATION (Kind of work dane training life, even if retired.)	126 KIND OF BUSINESS OR USE KIND STRY home	
	USUAL RESIDENCE (Where issian) STATE —	deceas d lived, if institution. R	esidende before 13c (1	TY OR TOWN 13d INSIDE CITY JM Sh. P. C YES NO	130 STREET AND NUMBER	. Ave N. W	1,
14	FATHER S NAME First	Middle	Whitney	IS MOTHER'S MAIDEN NAME FIN	itahie Middle	Last	
	WAS DECEASED EVER IN U	s VARMED FORCES? (es give war or dates of service)	SOCIAL SECURITY NO 5 - 54 - 6847		e Covey Washing ?		,
	PART I DEATH WAS	cause per line for CAUSED BY:	(a), (b), and (c)).	e Heart Fo	ilure	BETWEEN ONSET AND OFATH	5
	Canditions, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF F	ibrillation		64rs	
	rise to immediate caus stating the underlying last.	DUE TO, OR AS A C	ONSEQUENCE OF				
*	PART 2 OTHER SIGNIFICA	1 1		TED TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORME	D 2Da AUTOPSY? YES \ NO \	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING	
ਤ	21a. ACCIDENT WAS UNE OR CONTRIBUTING CAUST (If either, notify medical	E OF DEATH HOUR A.M. MO	RY nih Day Year 19	Cic. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	tem 18.)	
WED	21d INJURY OCCURRED While Nat while at wark	21e PLACE OF INJURY (AT HO		21f LOCATION Street ar R.F.D. Na.	City or Town	County State	
	saw the decea causes stated	(1) (this haspital) attended sed alive an 10 y abave, (1) (we) (did) (did	27/1 19 62	?, and that in (my) (our) apir	ta / (au 27, 19 ian death accurred an the da	() that (I) (we) to te and have and fram t	ast he
	22b SIGNATURE	· 1. Pherne	Thy			27-68	
	22d. PHYS CIAN'S NAME (Type) / W	eodore J Abe	ernetzy,	9'6'	5+ NW.		
23a	BLRIAL, CREMATION, REMOVAL (Specify)	23b DATE May 31, 1968	230 NAME OF CEMETER Ualley Cer.	ry or crematory retery	23d LOCATION (City or Town) Marietta. Ohi	(County) (State)	

Spring

Md.

25b. REGISTRAR S SIGNATURE

1968

2So. REC'D BY REGISTRAR
DATE MAY 3 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the timeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers.—Pages—world 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

1000

Warner

TO MUSTITAL TR ATTIMOMIC PHYSICIAN: The law requires that the death certificate be executed withing I lage 4 may be intained by the hospital or attending physician.

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VR A15 (4) 30M REV 1/68



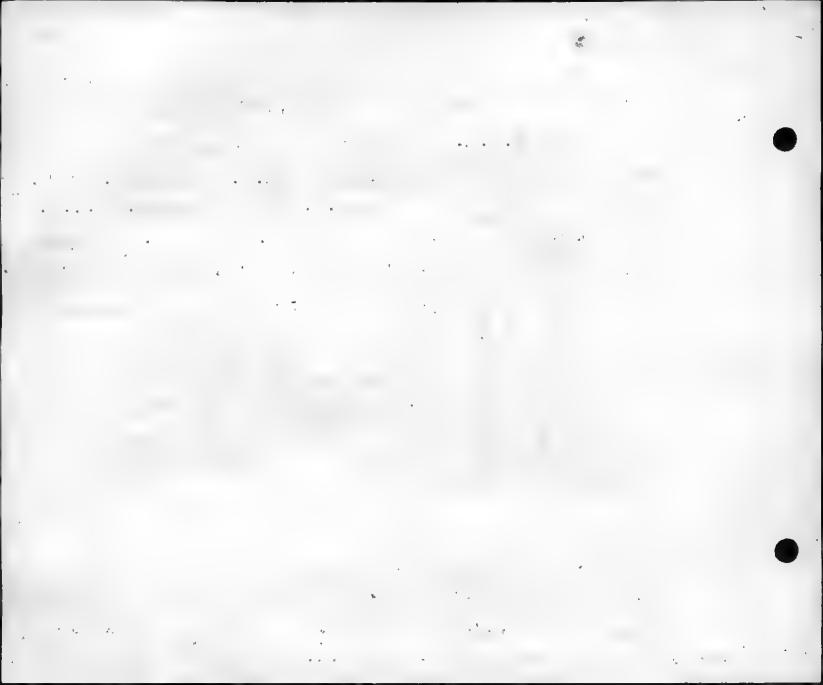
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

37205

K		4. 6 41 2 7			EKIILI	CALE OF DEATH					
		CEASED-NAME First		Middle		Lost	2a. DATE	OF DEATH		,,	2b. HOUR
1	[]	rpe or print) Mar;	jorie			Dalzell		Month	Doy 5	1968	25CDW
	3. SE		4. RACE			5. DATE OF BIRTH	00	6. AGE (In years	DAG SILL	ER , YEAR	F UNDER 24 HRS. HOURS MIN
I.		female		Lte		Aug 20, 18			rRS.		10015
1	70. 8 caun	11	76 CITIZEN OF WHAT		8 MARRIE	D NEVER MARRIED	9. COUNTY				
1		New Tork	U. S. I		WIDOWE			tgomery	Lan		Md.
0	19 (TY OR TOWN OF DEATH	give stri	E OF HOSPITAL OR INS set oddress)	T.TUTION (II	I nat in hospital 12a USU during m	ost of work	ION (Kind of work do inglife, even if retire	d) IND	, Kind of Bi Dustry	JSINESS OR
	12.	Wheaton	Whe	et oddress) eaton Nur	sing	Home U.	S. Tr	CEASURERY STREET AND NUMBER	ret.	Gov	14.
	odmi	USUAL RESIDENCE (Where decease sion) STATE	13b COUNTY	i: Kes dence betare			0 🗍			3.7	
l	14 E	ATHER'S NAME First	M _c ddle	Lost	-	IS. MOTHER'S MAIDEN NAME		3945 Conn		• N •	lori
ı	14. 1	Harold		Barke			nna	E.		Faulk	1031
ı	160	WAS DECEASED EVER IN U.S. ARM		6b. SOCIAL SECURITY N		. INFORMANT	ma				aseMD
ı		es, no, or unknown) (If yes give we	Annual Commence	14-18-30		oseph E. Win	slow.			-	
ı		18 CAUSE OF DEATH (Enter onl								APPROXIMA	TE INTERVAL
ı		0.00 t 0.00 t 0.00 0.00 0.00 0.00 0.00		7		METASTAS.	13		h	BELLASEN CWZ	ET AND DEATH
ı		IMMEDIA		A CONSEQUENCE OF		-10///					
ı		Conditions, if any, which gave	the ME	TASTAT	10. 6	ARL INDALA	BE	EAST		2 /51	412
ı		rise to immediate cause (a), (stating the Underlying couse(A CONSEQUENCE OF			,				
ı	J	last. 170 ×	(c)								
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION	G TO DEATH BUT NO	OT RELATED						
ı	×	PULLIONA						ASTASES			
ı	CERTIFICATION	190 DATE OF OPERATION 19b. 0	ONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUTOPSY?	4 (4)	IF YES, WERE FINDIN USES OF DEATH?	GS CONSIDE	RED IN CER	TIFYING
ı	ERTIF	AV ACCIDENT MIAC UNDERLYDIN	2	ALI DI BAT	Las	YES NO 5	4				
ı	AL C	21a ACCIDENT WAS UNDERLYING CAUSE OF DEATH		Month Day Year	210	HOW INJURY OCCURRED (Ente	nature of	injury in Port I or Por	1 2, Item 18	5.)	
ł	AEDIC	(If either, natify medical exomin	er) P.M.	T WOME CARM STREET EAR	700V 1 016	LOCATION COLOR - OFF H		City or Town	Can		State
ı			PLACE OF MIDKE (6	FFICE BUILDING, ETC.	214	LOCATION Street or R.F.D. No.).	chy or rown	(00)	птү	31016
ı		220 Leartify that/(1) (thi	s bacastal) atten	dod the decore	od fram	H+1.0 10	60 / to	S 1.5	10 6	that	I) (we) last
ı		22a. I certify that (1) (thi saw the deceased of	ive an -5	l ded file decease	9 6 , 0	ind that in (my) (our) op	inion deol	th occurred on th	e dote on	d hour a	nd from the
ı		couses stated above	, (I) (we) (did) (d	id nat) view the	bady ofte	r death.					
ı		22b. SIGNATURE	6	1. 12.	[]	GREE PHYS	MED.	STAFF C	220 DATE SI	, Ph.	
ı		//BULLI	Tilles	Le, JV.	Ki_DDE	GREE PHYS. LAL.	DIRECTOR L	PHYS.	9.3	65	
		22d. PHYSICIÁN S NAME (Type) LOUI	5 G1/LL	SSPIE:	TR. H	. D. 1716 /	VST	N.W.	A. C.	P	
	23n	BURIAL CREMATION 236 C		23c NAME OF	CEMETERY C			ATION (City or Town)	(Co.	inty)	(Stote)
		REMOVAL (Specify)	lay 7, 196			d Cemetery		ittsford	Ne	w Yor	k
	24	FÜNERAL DIRECTOR		ADDRESS		2So REC'D	BY REGISTRA	R 25b_ REGIST	AP SIGNA	THRE O	. 108
	Je	seph Gawlers S	ons 5130	Wisc. A	re NW	De Calpure V	AY 1 (1 1666	way	CO XI	

FIN INSPITAL OR NITERALING MINIMON. The law requires that the leath certificate be executed within 14 hours after leath. Page 4 may be retained by the haspital or attending physician.

VR 30M



STATE DEPARTMENT OF HEALTH

		DIVISION	F YHAL KELOKO		CATE OF			r, MAKTLAND	21201		7) (5
	ASED-NAME	First	Middle		Last			DATE OF DEATH		×1	2b. HQUR
Lish	e or print) A	ugusta	T	Darga	n			May Mont	19	19 1968	315 PN
3. SEX	male	4 RACE	hito		5 DATE OF B	IRTH	773	6 AGE (1 last bir	n years thday) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
7a BIR country	IMPLACE (State or fore	ign 76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEO WIOOWEO	☐ NEVER MAI	RR ED	~	NTY OF DEATH	eru		Mc
Ta) \ giv	NAME OF HOSPITAL OR e street oddress) Por 14-20 Mar	CK Hau	KN	during	Most of w	PATION (Kind of vorking life, even	wark done if retired)		BUSINESS OR
odmissi	on) STATE Mary	land 3b COUNTY	rince Ge	Hill		YE X		5934 2		Avenue	
14 FAT	HER'S NAME First	Middle Unknown	test	3 e	s. Mother's M U1	A DEN NAMI AKTOV			Middle		Lost
	(AS DECEASED EVER IN I	yes give wer or dates af service)	\$796288		INFORMANT Thomas	3 J.	Dar	gan S	Address a.me	as 13 a	
Co ri	PART 1 DEATH WAS and t ans, if any, which se to immediate caus	IMMEDIATE CAUSE (a) DUE TO, ON to gave) se (a), (b)		elized	ve He	. '	1				Weeks
lo L	oting the underlying	(c)ANT CONDITIONS CONTRI			O THE TERMINA	I Diefher (ND CONDITIO	DM CS/FN IN DADT	1/-)		· · · · · · · · · · · · · · · · · · ·
	AKT Z. OTHER SIGNIFIC	ANT CONDITIONS CONTRO	BUTING TO OCATA BUT	NOT KELATED	U THE TERMINA	IL DISEASE C	KCONDITIC	IN GIVEN IN PART	1(0)		
CERTIFICATION	O DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION WAS		20a AUTO	NO.		CAUSES OF DEATH	15	CONSIDERED IN CE	RTIFYING
EDICAL THE	TO ACCIDENT WAS UN FOR CONTRIBUTING ☐ CAU Feither, notify medical	se of DEATH HOUR A.M. examiner)	t. Month Doy Ye	or 19				of injury in Part	l or Part 2,	Item 18.)	
ų v	Id. INJURY OCCURRED While Not while work		AT HOME FARM, STREET, OFFICE BUILDING, ETC.		OCATION Stree		1	City or Tawn		County	State
2	saw the decec	(I) (this haspital) a used alive an5 abave, (I) (we) (dia	-/3	_19 6_X _, ar	id that in (m	, 19 iy) (aur) d	ipiman d	ta_5-/9 leath accurred	an the d	ate and have a	(I) (we) last and fram the
	26 SIGNATURES	I Frel	ion	DFG	11112	[2]	MED DIRECTOR	STAFF PHYS.	D 220	DATE SIGNED	8
22	2d. PHYSICIAN'S NAME (Type)	TUOVT L.N	lelson		22e. ADI	PRESS.	TO B	Ivil East	-S.10	er Spring	Md 2090;

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by THE, tyterok, director, page 3 should be detached for use as the borial-transit permit. Then please remave carban papers. Pages of ond should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after dearly VR A15 (4) 30M REV, 1/68

ofter death.

TO MOSPITAL OR ATTINDING PHYTICIAM: The law requims that the Meath certificate be executed within 24 hauss Page 4 may be retained by the haspital or attending physician.

funerok,

23b DATE 5-23-1968 BURIAL, EREMATION, REMOVAL (Specify) FUNERAL DIRECTOR

230

23c NAME OF CEMETERY OR CREMATORY Evangelical Zion ADDRESS

2Sa

Blud East Silver Spring Md 20903 23d LOCATION (City or Town) Schenectady, (County) 1, ⊖W York York

REC'D BY REGISTRAR

E MAY 2 2

1968 Flories Judge



1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4
FOR-STATE		It em#13eFilm#Gio MEDICAE EXAMINER'S CERTIFICATE OF DEATH	9 4
HEALTH DEPT.		ECEASED NAME First Middle ast 2a DATE KNOWN Manth OF ESTI-	/ - 4.5
taf taf		PLC-C-Y SOLL DAVIS DEATH MATED MAY	3 1968 12 A
and 3	3 5	Incl high higher MONTHS DAYS HOURS NO. ALL AND ALL A	Year / Ya
P S S	_	TEMPTE IC B-10 25 74 18	1968 1274 1
7	cour	BIRTHP AGE (State or tope gn 70 CTZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 79 COUNTY OF DEATH ITY) / ARYLAND NOVED DIVORCED DIVORCED MCN+9cm E C	-/ N
death we Pages with for the State	10. 0	TY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane)	26 KIND OF BUSINESS OR
Par E		DE HESCA SUBURBAN UNKNOWN	NDUSTRY
18 Give Pages along with the Stodeogh.		US.A. RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE (ITYMTS? 13e STREET AND NUMBERGE PT dim ssion) STATE NO 13b (OUNTY FREDRICK FREDRICK YES NO 11 Methododoky Nulo	antown, Id.
f haurs Office Soffice Cond 2	14 8	ATHER S NAME First Middle S Lost IS MOTHERS MAIDEN NAME First Middle S COLLEGE S MIDDLE S MID	mala R
hin 24 ncil in niner s pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO 17. INFORMANY ADDRESS	7
i within 2 n pencil i Examiner File page 1 72 haur	()	(es. no. or unknown) (d yes give word dates of service) None Ray Davis, Gambrills, Laryland	
Pie E		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
executed in adding in Medical Experiment. First perm t. First out within		PARTI DEATH WAS CALSED BY Over dose Doriden Over dose Doriden	ays
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shauld be executed to ward "pending" in a the Chief Medical burial-transit perm t. In any event within		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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s a and	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)	
te writin farward e used a removal	CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	Ĭ	WAS PERFORMED?	Y£25 <mark>7</mark> 23 №
Third of the period of the per	E	210 EXTERNAL CAUSE WAS 21b TIME OF NIJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M.	n 18}
ER: cert aull es shou ian,	MED CAL	CAUSE OF DEATH PM 4/26 1968 Took. overslose of Doubles	
MAN the the the the the the the the the the	¥	21d INJURY OCCURRED 21e PLACE OF NURY (At home, form, street, while work while foctory office building, etc.)	County State
XA XA Je ge yau yau rre		WHILE NOT WHILE TOCTORY Office building, etc) AT WORK AT WORK Tracks Tracks	and husbyne
ICAL E executor. Page for CTOR: burnal,		220 I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🔀 Inquiry 🔼.	and if my opinio
Se e ctorr ctorr ctorr bud bed bu		deoth resulted from. Noturol couses 🔲, Accident 🔲, Suicide 🔀, Homicide 🔲, Undefermined monner [
please direct direct direct DIRE		ACTUAL O 1 & B - 11 CHIEF MEDICAL EXAMINER 220 DATE S	
YY. F		SIGNATURE MD ASSISIANI MEDICAL EXAM NER (GNED O
DEPUTY reessary, F e funeral may be n FUNERAL		EXAMINER'S NAME Type) Lohn G- Ball No. T: ADDRESS(Street, city, town, or county)	100
necessary, the funera 5 may be TO FUNERA Health pr	230	Optit de portir d'inabe	County) (State)
= 25	130	REMOVAL (Specify) Burial Hay 8,1968 Rocky Springs Cemetery Nr. Frederick Fr	
02/2	24	FUNERA, DIRECTOR WHILE THE ADDRESS FLACE 250 RELIGIOUS REGISTER 1980 REGISTER	GNITURE ()
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
TATE OF		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4 K
TOR STATE	1	DECEASED NAME Frst Middle Lost 20 DATE KNOWN Month Day	v Yeor 2b HOUR
e o s	П	(Type or Print) LOTTIE LEE DAWES DEATH MATED & MAY 2	3 1968 2/07
ET STA	- 1	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years 1 JNJER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOJNCED DEAD post brighdory) MONTHS DAYS HOURS MIN MORTH A DAY	2d HOUR
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t within pencil Examine Examine File pag		(Yes, Royor, Inknown) (It yes give wor at dates of service) 577-12-9099 CHART - HOSPITAL RECO	ORDS
al Ey		18 CAUSE OF DEATH (finter only one to use per line for (a) (b), and (c))	APPROXIMATE INTERVA.
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ISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212

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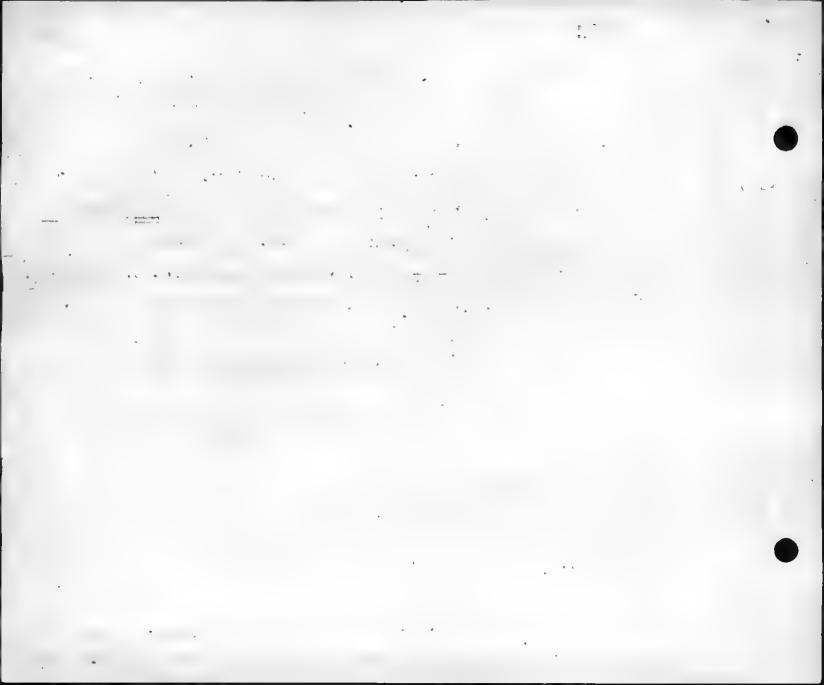
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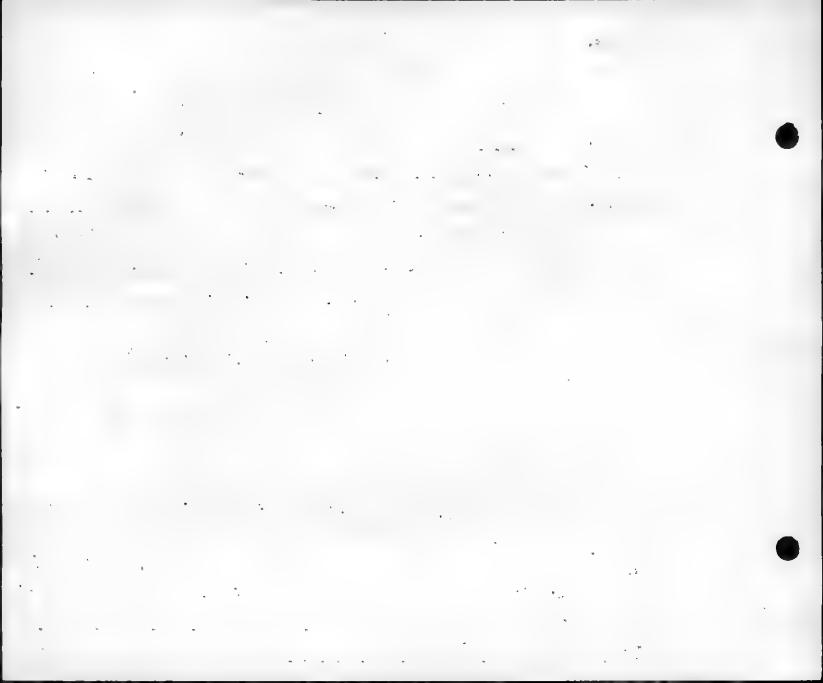
DECEASED-NAME First 25. HOUR (Type or print) ARTHUR W. DEFENDERFER 6. AGE (In years 3 SEX 4 RACE S DATE OF BIRTH 15 UNDER 1 YEAR last birthday) MONTHS DAYS HOURS Male May 17. 1892 Caucasian 6 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED country) Tenn. U.S.A. DIVORCED [Montgomery WIDOWED 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done TO CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Resident INDUSTRY Chevy Chase E. Kirke Street Insurance 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 113c CITY OR TOWN 13d HISIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Chevy Chase 9 E. Kirke Street 15 MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Defenderfor Robert М. Annie Woganan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) (If yes give wor or doles of service) WW 579-03-0761 Mrs. Eugene W. Krebsbach St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) GETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Septicemia 24 hirs IMMEDIATE CAUSE (a) _ aram DUE TO, OR AS A CONSEQUENCE OF ... Canditians, if any, which gave) Parapleana 140: 1115 rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 7 years to Caremona of prostate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO P YES [210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY, 1 21e. PLACE OF INJURY 211, LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark Dec , 19 67, to 30 Diay , 19 68, that (1) (we) last 22a. I certify that (I) (this haspital) attended the deceased from..... saw the deceased alive an ___ 20 MAY 19 12, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** 1948 DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) RICHARD 2001 EYE ST. N.W., WASH HUFFMAN 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (State) 23b. DATE (County) 23a BURIAL, CREMATION, REMOVAL (Specify) Arlington National Cem. Buria 2Sa. REC D BY REGISTRAR FUNERA, DIRECTOR 1968 Joseph Gawler's Sons. Washington. D.C. DATE

VR A15 (4) 30M REV 1768

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 79111 CERTIFICATE OF DEATH M ddle 2a. DATE OF DEATH DECEASED-NAME First Last 2b. HOUR eath. low requires that the death certificate be executed within 24 hours ofter death. May Month CJack (Type or print) Mary Ann Dettinbaugh 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years SE JNDER 1 YEAR IF LINDER 24 HRS. last birthday) HOURS White Temale 16. 1867 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country aryland Montaomeru .⊆ DIVORCED / WIDOWED 🔽 completely filled 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR dying most of working life, even if retired) INDUSTRY carbon Silver Spring Housewate OLWN 13a, USUAL RES DENCE (Where deceased ived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 3d. INS DE CITY JM TS? admission) STATE remove 10609 Buckned and in ony 14 FATHER'S NAME Middle Last IS. MOTHER'S MA DEN NAME First John Alexander Burch Mary Cartwright Wood please 16b SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? d by the attending physici I transit permit Then ple I, cremation, or removal, a Yes, na, ar unknown) (If yes give war or dates of service) Charles D. Dettinbaugh 578-05-9464-18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MON ZEPTIN AL DUE TO, OR AS A CONSEQUENCE OF signed by the a burial transit pe burial, cremation Canditians, if any, which gave) rise to immed ate cause (a). DUE TO. OR AS A CONSEQUENCE OF by the hospital or ottending physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the hos been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO ISL Heolth (TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 236 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year 4 P.M. (If either, natify medical examiner) etached 21d. INJURY OCCURRED 2) e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 214 LOCATION Street or R.F.D. No. County State City or Town While Nat while at work 22a. I certify that (1) this haspital) attended the deceased from 1905, and that in (my) (aur) apinian death accurred an the date and haur and from the Stote | be retoined with the causes stated above, (1) (we) (did (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. director, page 3 DEGREE PHYS DIRECTOR PHYSICIAN'S 22e ADDRESS NAME (Type) 0 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (State) 23a BURIAL, CREMATION May 25. Grace Episcopal Ch. 1968 Cemetery Sil. Monta. Dpt. 25 REGISTRAR & SIGNATURE 8434 Ga. Ave. S.S. M 30M RES Pumphrey.



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1.
HEALTH DEPT.	भ	DECEASED NAME 34 First D. Middle 4 To 1 Lost 20 DATE KNOWN Month D.	ay Year 2b HOUR
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v thin 24 pencil in aminer s e pages 2 hours		a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give war or dates all service) 27. 7.24 596 Paul V. Delker McLean, Virginia	•
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Se e sertor ned o bu		death resulted fram Natural causes . Accident ., Suicide ., Homicide ., Undetermined monner]
ry plea y, plea rol dire e retai		ACTUAL CHIEF MEDICAL EXAMINER 22b DATE SIG	THEIR
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o DEPUTY necessory, the funerol S may be i FUNERAL		NAME (Type) John Rogers ADDRESS(Street, city, tawn, or county)	
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	2	2/2-/	Kentucky SNATURE
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10M KEV, 1/66		Rockville, Md.	



	MARYLAND STATE DEPARTMENT OF HEALTH
() I	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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OR DIRI	DEGREE PHYS DIRECTOR LI PHYS PHYS
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept, af Health priar ta burial, creathauld be filed with the State Dept, af Health priar ta burial, creathauld be filed with the State Dept, at Health priar ta burial, creathauld be filed with the State Dept, at Health priar ta burial, creathaugh and the state Dept.	1226 PHYSICANS (T) / Chp F. Jones 220 ADDRESS 800 Various Whomas Many
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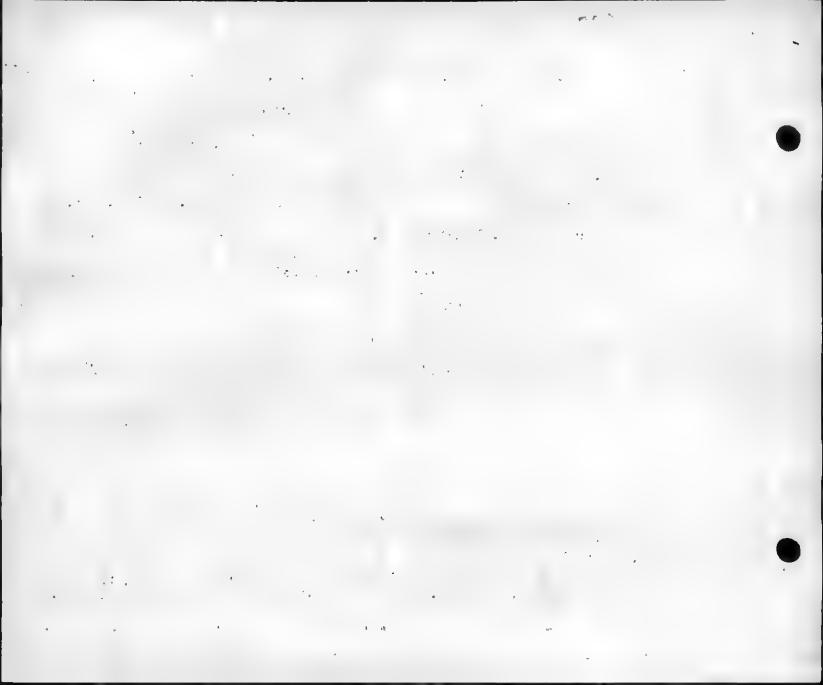
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CERTIFICATION	190 DATE OF OPERATION	19b C0	NDITION FOR Y	VHICH OPERATION WAS PE	RFORMED	20a AU1	OPSY?				ONS DERED IN (ERTIFYING
HE						YES 5	NO 🔀	CAUSE	S OF DEATH?	YE	3	
	21a. ACCIDENT WAS UN			OF INJURY		HOW INJURY O	CCURRED (Enter	noture of inju	sty in Port 1	or Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAU		HOUR A.N									
WEI	21d. INJURY OCCURRED While Not while	los of		AT HOME, FARM STREET, FA		LOCATION Str	eet or R.F.D. Na.	City	y or Tawn		County	State
	HOT WATER AT WATER	J										
	22a. I certify that saw the dece	(I) (this	hospital)_a	trenged the deceas	ed from.	15 May	, 19.6	8_, to	5 May	, 19.	68 , tha	t (x) (we) last
	saw the dece	ased aliv	re on 1	l) (diddata); view the	hadvafti	ond that in (4 er death	(our) opir	nian deoin	occurred o	n the do	ote and hour	ond from the
	22b SIGNATURE	OBGVC,	(Me) (un	7 E	oddy din					22c	DATE SIGNED	
	(ala	e. A	4 ((AD.	_ MD	EGREE PHYS	ING D MI	ED RECTOR 🔲	STAFF PHYS	x 1	5 May 1	.968
	22d. PHYSICIAN'S	~~~					DRESS The					
	NAME (Type)	obert	C. Yo	ang, M.D.		Ins	titutes	of He	ealth,	Beth	esda, l	ld.
	BURIAL, CREMATION,	23b. DA	TE			OR EREMATORY		1	ON (Eity or T		(County)	(Stote)
E	SEMOVAL (Specify)	5-2	20-68	Getha	semai	ne Cem	etery	Ber	ks Co	unty	, Pen	na.
	FUNERAL DIRECTOR	T)T 12 (*)IID	ADDRESS			2So. REC D B)	REGISTRAR	1020	EGISTRARIS	SIGNATURE	Judge
E	ROBERT A.	PUMI	THREY,	Bethesda	a, Ma	arylan	C DATE W	A1 20	1000	1		7 0

TO HESPITAL OF ATTEMBLIE PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled are birector, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within X2 has

funeral

VR A15 (4) 30M REV 1768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH (Type or print) Clara Lucille Dickey 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (in years F UNDER 1 YEAR ost birthday) MONTHS HOURS White 22 May 1906 Female 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED 🙀 NEVER MARRIED (auntry) Alabama USA Montgomery WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Clinical Center during most of working life, even if retired.) **INDUSTRY** Bethesda Housewife 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b COUNTY YES 52 7529 Republic Court, #103 Alexandria 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME M.ddle First Middle Lost Dickey Samuel Rachel Dawson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT The Medical Records Address Yes, na_or unknown) Unterwien The Clinical Center, NIH, Bethesda, Maryland The Cause of Death (Enter only one cause per line for (a), (b), and (c) Part I, Death Was Caused By: BETWEEN DWSET AND DEATH Congestive Heart Failure years IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Rheumatic Heart Disease with Mitral Stenosis 40 years nse to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 15g1 19a, DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TE NO [21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item IB.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a | certify that (this haspital) attended the deceased from 1 May , 19 68 , to 12 May , 19 68 , that (the lost show the deceased alive on 12 May 19 68 , and that in (page (our) opinion death accurred an the date and hour and from the gauses, stated phave the (we) (did) said and) view the body after death. 22c. DATE SIGNED

far use as the t Health priar tab has been TO FUNERAL DIRECTOR: After this certificate detached þe director, page 3 shauld shauld be filed with the

signed by the burial-transit p

aquires that the death certificate be executed within 24 haurs after death

physician and completely filled in by the funeral ten please remaye carbon papers. Pages renaye carbon and in any event, within 72 hours affer dead

226 SIGNATUR

PHYSICIAN'S NAME (Type)

Paul Comstock, M.D.

ATTENDING MED. DIRECTOR PHYS

STAFF PHYS.

23d LOCATION (City or Town)

12 May 1968

(County)

22e ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Md. 2001h

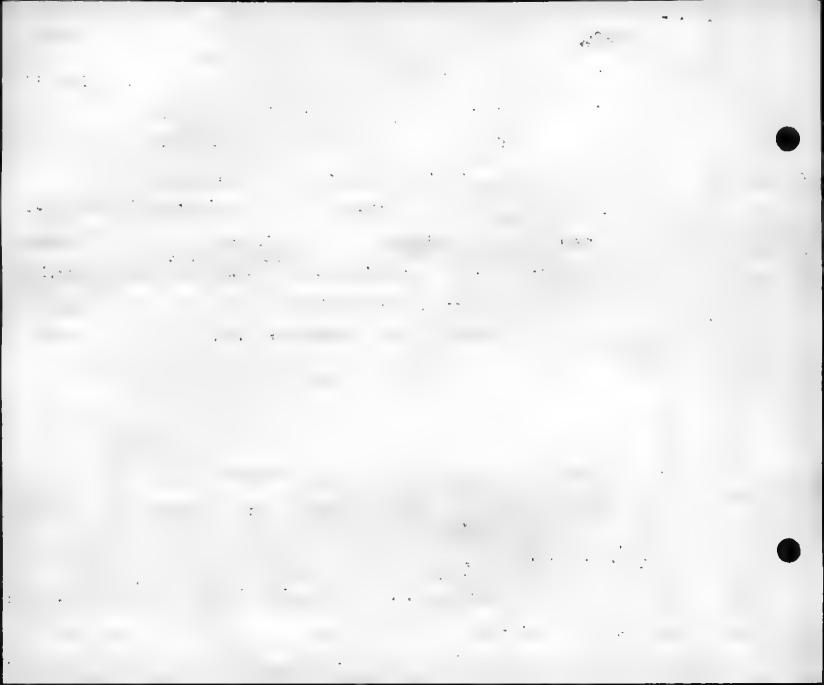
24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

250. REC'D BY REGISTRAR

FLORENCE 256 REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV 1/68



Cedar Hill

ADDRESS

Suitland, Md.

25b. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

DATENAY

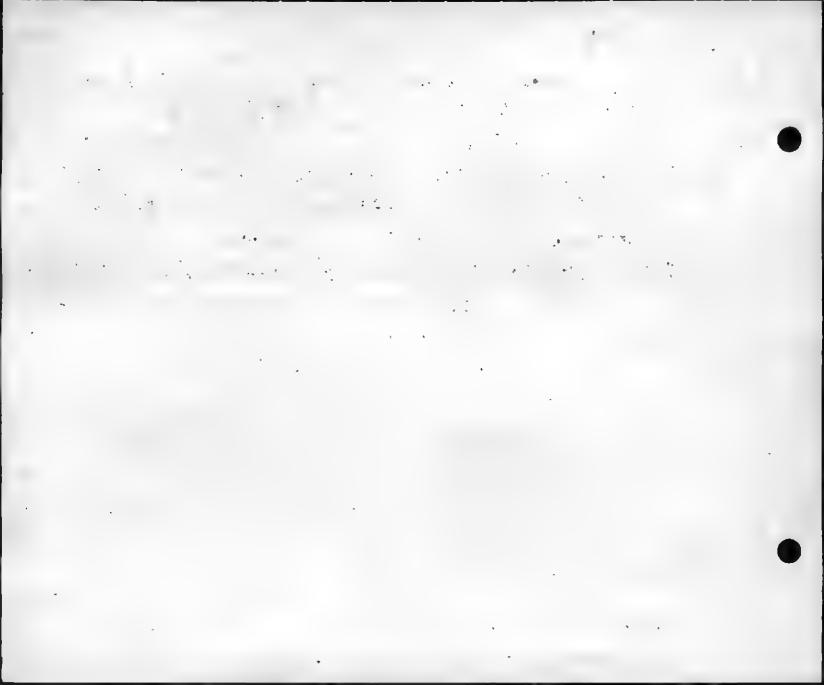
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BREMOVAL (Specify)

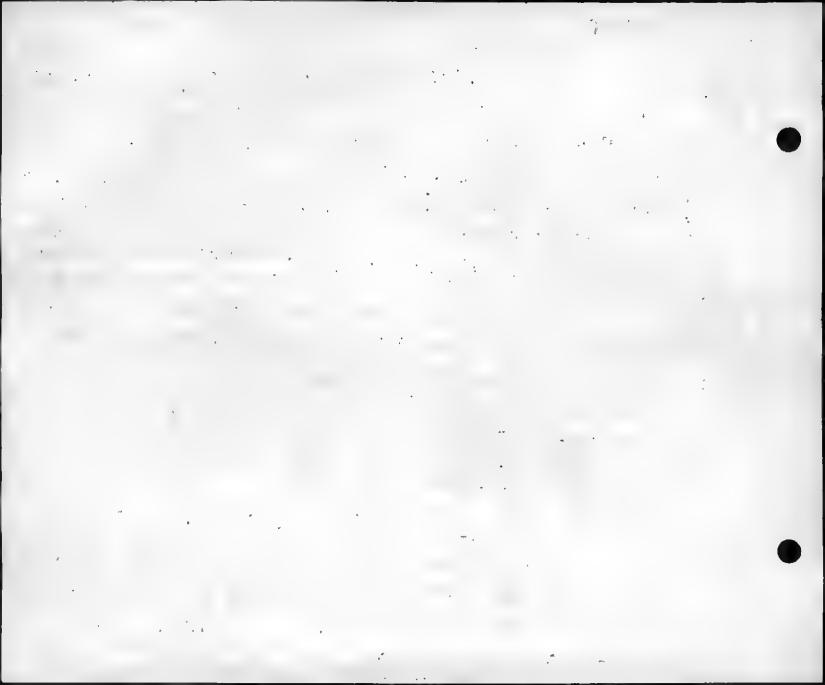
24. FUNERAL DIRECTOR

5/18/68

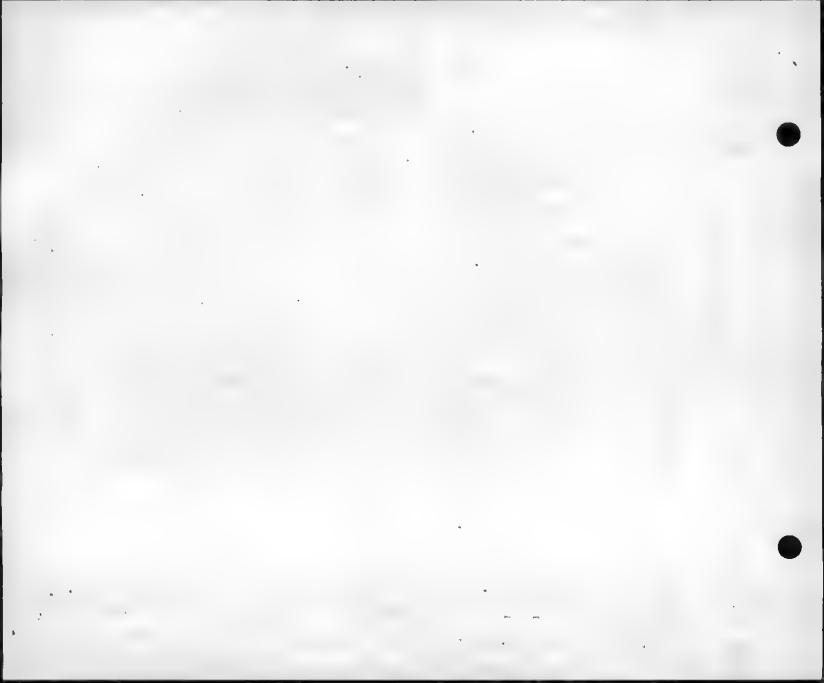
Lee Funeral Home, Washington, D. C.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 9/68 in with CERTIFICATE OF DEATH I. DECEASED NAME 2a, DATE OF DEATH 2b. HOUR (Type or pnnt) 3. SEX 4 RACE IF LINDER 1 YEAR last birthday) MORTHS DAYS HOURS 7a. BIRTHPLACE (State or fareign 75, CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED U5A The law requires that the death certificate be executed within 24 h Balto. Mont WIDOWED M DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) give street address) INDUSTRY lua Shington 3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence Defore Bd. INSIDE CITY LIMITS? 13c. CITY OR TOWN 136 COUNTY ontgomery Silver Colonia NO TX any IS MOTHER'S MAIDEN NAME FIRST 14 FATHER'S NAME and in (Thomas M. Dinsmore Adelaide Jea mette Klatte 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Mrs. Arthur White Address Yes, go, or unknown) Per 579-44-5254 WWI APPROXIMATE NIERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 9 IMMEDIATE CAUSE (a) 0 4109 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) -transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 📉 NO [T] 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year (f either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark State 22a. I certify that (1) (this hespital) attended the deceased from December 2 , 19/1, ta May 7 , 19/6 , that (1) (we) last saw the deceased alive an thought and that in (my) (out) apinion death accorded an the date and haur and from the be retained causes stated above, (1) (will) (did) (did with view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. d 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 7761 Corroll directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL, CREMATION, 23b. DATE 23d LOCATION (City or Town) (State) (County) REMOVAL (Decity) 5/10/1968 Balto. Md. Moreland Mem. Co. 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25g REC'D BY REGISTRAR VR A15 (4) MAY Mitchell-Wiedefeld Home 6500 York Rd. 30M REV 1/68 DATE Balto. Md. 21212



1	MARYLAND STATE DEPARTMENT OF HEALTH
3	UVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	Itomic, Filmglol 6 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DERV.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b HOJR
2 0 g	(Type or Print) Horace m Linculable DEATH MATED 1859 33
D CO COM FAIR	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years if UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOURS
/	male (1) 11/11 96 (123 PS) MONTHS DAYS HOURS MAN. Months Day 21 Year 1967 9 2 M
12 P	70 BIRTHPLACE (Signe or foreign 76 CITIZEN OF WHAT COLNTRY? 8 MARR ED NEVER MARRIED 9 COUNTY OF DEATH .
# (] [] [] [] [] [] [] [] [] []	country) This U-SA WIDOWED DIVORCED Montgomery Mc
e Poges with for	10 CITY OR TOWN OF DEATH 1. NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most publiking life, even if retired.) INDUSTRY 1. NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most publiking life, even if retired.) INDUSTRY
b o v th	Cottles all Security Citical Set Ellipse.
s after 18 Give a ang with the	130 USUÁL RES DENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN odmission) STATE Terror 13b COUNTY STREET AND NUMBER YES NO 2746 50 POIX STREET AND NUMBER
10	I CANADA WARE CONTROL BALL
- = 0 = 5	14 FATHER'S NAME Fist Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
hin 24 nati in niner's pages hours	160 WAS DECEASED EVER IN L. S. ARMED FORCES? 166 SOC A. SECURITY NO 17. INFORMANT ADDRESS 43/3 HEADLOND
	(Yes, no. orunknown) (Hyos give war or pares of service) 46764 8995. The fraction Mrs. Edith Paintly Best due
l with per Exor Exor File	
	RETWEEN ONSET AND DEATH
xecuted nding 1 Medical permit.	IMMEDIATE CAUSE (a) 1919003 Policy LITTS & FC1761) C RADITUTE 17 YORK AND TO THE POLICY OF THE POLIC
	Conditions if the which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions if the which gave) (b) Coronary Thrombosis Acute _ 6 hr.
	rise to immediate couse (a), (b)
s certificate should be e.g. writing the word "pe farwarded to the Chief ewarded as a burial-transit emoval, and in any ever	lost.
ote s g the ed to s a bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
ficoring and also also also also also also also also	
certificate aviting the arwarded to used as a 1 moval, and	196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
	WAS PERFORMED?
교육 교회	210 EXTERNA, CAUSE WAS 21b T.ME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Port 1 or Part 2 Item 18)
INER: I e certifici e certifici babould balliles. 3 should otion, or	PRIMARY OF CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f OCATION Street or R.F.D. No. City of Town County Stote
3 4 5 6 E	
DEPUTY DICAL EXAM ressory, please execute the e funeral director. Poge 4 may be retained for your EUNERAL DIRECTOR. Poge salth prior to buriol, crem	AI WORK AT WORK
ICAL E executor. Po ed for CTOR: buriol,	220. I certify that I took charge of the remains described above, held an Autopsy 💢 Inspect an 🔼 Inquiry 📈 and in my opinion
ttor	death resulted from: Natural couses 🔀 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲
please e l' director retained DIRECT or to bu	CHIEF MEDICAL EXAMINER
ny, ple eral di be reti RAL Di prior	SIGNATURE
DEPUTY cessory, e funero may be FUNERA	EXAMINER'S C. TOTAL DEPUTY MEDICAL EXAMINER \$ 5/21/68.
	NAME (Type) JOHN G. BALL ADDRESS(Street city, town, or county) Bethesda, Md.
5 g # 2 D #	Burial (REMAT ON Burial CREMAT ON Laurel Land Cemetery Dailas Texas (Stote)
	Robert A Pumphrey 7557Wisc Ave Bethesda RECO BY REGISTRAR 250 REGISTRAR SCHATURE Judge
VR A15ME (5) 10M REV 1/68	Robert A Pumphrey 7557Wisc Ave Tetnesda DATE DATE 124 1968 floorles Judge



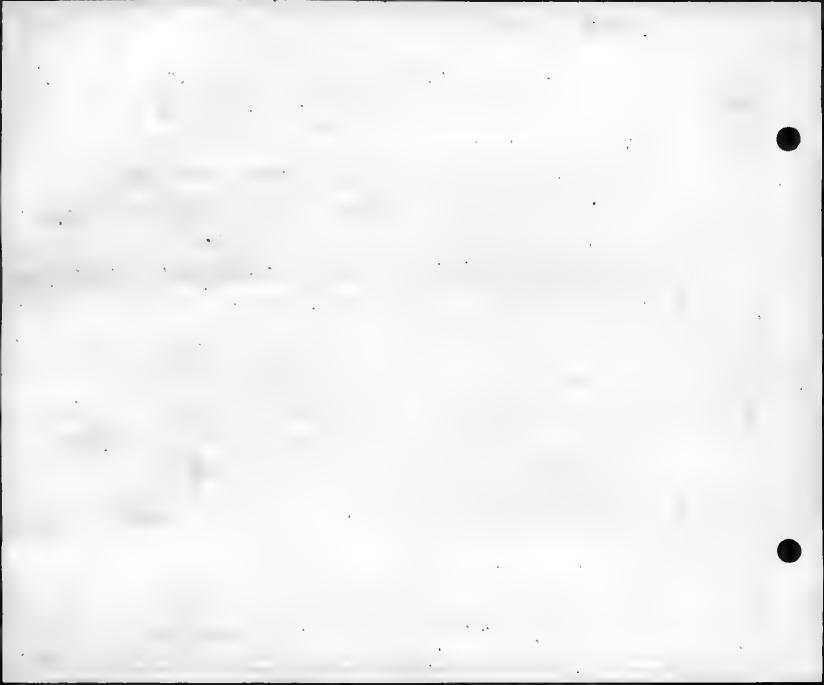
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

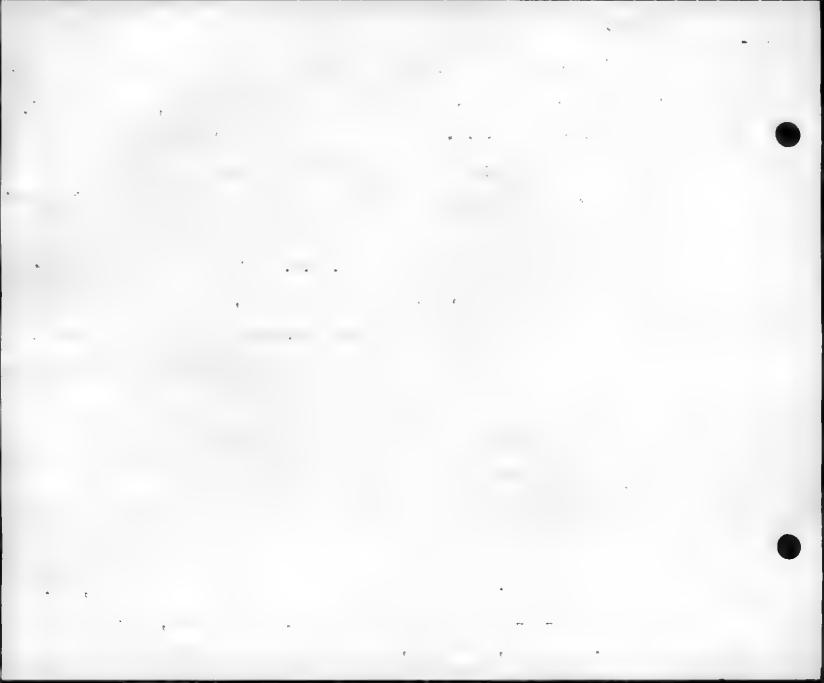
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- 1						LIVITICA	HE OF DE	.24111				
- 1		ECEASED-NAME	First		Middle		Lost	20	o. DATE OF CEATH			2b. HOUR
	(Τ	Type or print)	VERI	VA	(NONE)) [Dixon		Month	79	Yeor 68	7P M
	3. SE	X		4 RACE		S	DATE OF BIRTH		6 AGE (n	70010		IF UNDER 24 HRS
- 1		FEMA	3/1	CA	uc.		9-4	-82	lost burth	YRS.	IONTHS DAYS	HOURS MiN
	7o E	BIRTHPLACE (State or	foreign 7	b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MARR-EC	9.0	OUNTY OF DEATH			
	cour	ntry) Md.		AMEI	e.4.5.H.	MIDOMED			Montgomer	y Co	unty	Md
	10 (CITY OR TOWN OF DE	ATH		ME OF HOSPITAL OR INST ree1 oddress).	TITUTION (If not		120 USUAL OC	CCUPAT ON (Kind of w	ofk done	12b. KIND OF B	SUSINESS OR
	7/		ARK	WA	sh. San.	\$ HOSP			XHOTMERY		MOOSIKI	
۲.		USUAL RES.DENCE (Vision) STATE A	There deceosed	lived, if institution 13b. COUNTY	on Residence before	13c CITY OR TO		INSIDE C TY LIMITS?				
7			ld.	h		Edno	1 / L		1130 H			Sil.
!	14 F	FATHER'S NAME	Allen.	Middle	Lost	15. 1	MOTHER 5 MAIDE	N NAME First	BE 11E	Middle	Sp	a libel
		. WAS DECEASED EVER		and debugged as a first	16b. SOCIAL SECURITY N		ORMANT			Address		
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					e for (o), (b) ond (c))				-			IATE INTERVAL ISET AND DEATH
		PART I. DEATH	WAS CAUSED E	CAUSE (o)	(5~	onch	0000	سسانو	o yes			
/		485 X		DUE TO, OR AS	A CONSEQUENCE OF		0					
		Conditions, if ony, rise to immediate		(b)								
		stating the underl		DUE TO, OR AS	A CONSEQUENCE OF							
		lost.	}	(c)							<u> </u>	
		PART 2 OTHER SIG	NIFICANT COND	TIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO 1	THE TERMINAL DI	SEASE OR COND	ITION GIVEN IN PART 1	(0)		
	NO	10 000000000000000000000000000000000000	10.1 [10] CO	Hart Au FAn Diel	C. OPER LY ON MILE PER	PARMER	Laa suraneu		Land of the burner	FIND HOL COL	O DESCRIPTION	BAILCAING
	FICAT	190 DATE OF OPERA	ION 19b. CO	NOTEUN FUR WHIT	CH OPERATION WAS PER	FORMED	20o. AUTOPSY		206 IF YES, WERE CAUSES OF DEATH?		PADEKED IN CEI	KIIFTING
X	CERTIFICAT	210 ACCIDENT WA	TIMPEDI VIMO	216 TIME OF	LINDY	In. Hou	YES	NO [O O Ia-	_ 10.\	
	R	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Month Doy Year	ZICHUM	I INJUKT ULEUKK	ED (Enter not	ture of injury in Port 1	OF POFF Z, 116	m 19-j	
	MEDI	(If either, notify many 21d INJURY OCCUR			AT HOME SARM STREET EAST		TION Chank on	DED Ma	City or Town		County	Stote
	_	While Not while	c	ACE OF INJORT (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC	211. 100	ATTOM STEEL OF	K.F.D. NO.	city of lown		County	31016
		ot work ot work		harnital) atta	ndad the decome	d from	/> Al-0-	7.10 7.3	to Me	/C 10 f	that	(I) (wa) las
		saw the d	eceased aliv	re on A	1 9	and	that in (my) (our) apiniar	, ta	an the date	and haur c	and from the
		causes sta	ted abave,	(l) (we) (did) (da nat) view the b	ody after de	ath.					
		22b. SIGNATURE	Ę	P 11	1.)	ATTENDING	MED.	STAFF	22c. DA	TE SIGNED	()
		1	our	Varia	an any	DEGREE	LEGIS	DIRECT	TOR PHYS.	<u> </u>	, -/7	68
,	,	22d. PHYSICIAN S NAME (Type)	BOR	-15 R	ABKIN	MD	22e ADDRESS	29 h	mir Blod	JEC-ST	6	
1	230	BURIAL, CREMATION REMOVAL (Specify)	23b. DA	22-19	18 23c. NAME OF C	EMETERY OR E	REMATORY DO	23	d LOCATION (City of)	lown)	(County)	(Stote) 7
	28	FASIERAL DIRECTOR	10	2 1/6	ADDRESS	18119	2 750	. REC'D BY RE	G STRAR 2Sh	REGISTRAR S SI	GNATURE	140
N	-	Leeste	neick	wome	300-4	34/10	7.		2 3 1968	13/10	to In	del

fulerol V and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificote has been signed by the attending physicion and completely filled in b director, page 3 should be detached for use os the burial-transit permit. Then please remove corban papers is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-that Poge 4 may be retoined by the hospital or attending physician. VR AT HI



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FÖR STATE DEPT. 1 DECEASED NAME M ddle Lost 20 DATE KNOWN Month 2b HOUR Celestia (Type or Print) Currier Dodson ESTI-DEATH MATED May Page 4 delay r 4 RACE S DATE OF BIRTH & AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX HOUR 8Thday) Female White July 29,1886 Month 75 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH Virginia U.S.A. (ountry) Montgomery DIVORCED [Pages 11 NAME OF HOSPITAL OR INSTITUTION (If not to hospital 10. CITY OR TOWN OF DEATH 120 USLAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired)
T Housewife Olney ND_STRY Forest lors .5619 Batchellors Forest 13d. INSIDE CITY DIMATS? 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CTY OR TOWN Olney YES THE NO 1 and 2 v IS. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Jerry Currier Ada Perkins Parrish 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Daughter (Yes, na, or unknown) Same as Item 13. Mrs. J.W.Campbell No Φ ⊆ APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) Chief Medical PART I. DEATH WAS CAUSED BY. Coronary insufficiency. Acute Sudden IMMED ATE CAUSE (b)_ 4124 DUE TO, OR AS A CONSEQUENCE OF Canditians, if arry, which gove Cardio-vascular disease vears rise to immediate couse (a), This certificate should wr ting the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION nsed 190 DATE OF OPERATION 195 COND I ON FOR WHICH OPERAT ON 20. AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of njury in Part 1 or Port 2, Item 18) PRIMARY CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21a. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a | certify that | took charge of the remains described above, held an | Autopsy | , | Inspection | 🔀 Inguiry 🖅 / and in my apinian death resulted from: Natural causes 🖅 Accident 🗍 Suicide 🗍 Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE May 23, 1968 DEPUTY MED CAL EXAMINER 3 **EXAMINER'S** JOHN G. BALL Bethesda, Md. NAME (Type) ADDRESS(Street, Gty, town, or county) 5 mo O FUI 23b DATE 23g BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Highland Park Cem. Danville, Virginia 24 FUNERAL DIRECTOR ADDRESS 25a REC D BY REGISTRAR 25b. REG STRAR'S SIGNATURE Cliarles ROBERT A. PUMPHREY, Bethesda, Maryland VR A15ME (5) 10M REV -768



10 1	I THE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	ca ţ
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	·
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month DORSEY TO DEATH MATED 5 3	Year 68 25 HOUR
de la	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years if whole 1 (EAR IF UNDER 24 HRS) 2c. DATE PRONOUNCED DEAD Months Day5—30	Year 68 20 Ag p
drm drm	7a BIRTHPLACE (State or foreign Country) 7b CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED DIVORCED Montgomery	Mo
orve reger harman harma		B KIND OF BUSINESS OR DUSTRY
aft age	130 USUAL RESIDENCE (Where deceosed ved, f institut on Residence before 13c (TY OR TOWN 13d MSIGE CITY LIMITS? 13e STREET AND NUMBER 13b (OUNTY 13b	.vd.
hav Item Offic Tand	14 FATHER'S NAME FIST Middle Lost IS MOTHER'S MAIDEN NAME FIRE MIDDEMER, ETHEL	best
i w.thin 24 in pencil in Examiner's File pages 7.72 haurs	160 WAS DECEASED EVER IN J. S. ARMED FORCES? 160 WAS DECEASED EVER IN J. S. ARMED FORCES? 160 WAS DECEASED EVER IN J. S. ARMED FORCES? 160 WAS DECEASED EVER IN J. S. ARMED FORCES? 160 WAS DECEASED EVER IN J. S. ARMED FORCES? 17 INFORMANT 17 INFORMANT 18 DORSEY - SOMBRSE	T, N. J.
xecuted v nding" in Medical Ex permit. Fil	18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 1 Cut = Myocar lial Infarction	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
id be executed rd "pending" in Chief Medical E tronsit permit. B	Oue TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Arteriosclerotic Heart Disease	
<u> </u>	nse to immediate couse (a). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost.	
irate si mg the ded ta as a bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(a)	
e, writ farwar farwar e used emava	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month Doy, Year 21c HOW INJURY OCCURRED (Enter noture of njury in Port L or Port 2 Item	20. AUTOPSY?
	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DEPOSITION OF AUGUST OF THE OF INJURY Month Doy, Year Port 2 from 19 PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f OCATION Street or R.F.D.Mg., C.T.y.gr.To.y.n.)	18)
the the semon and the semon an	21d IN.J.RY OCCURRED AT WORK	County State
	220 certify that took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from Natural causes X, Accident , Sociale , Hamicide , Undetermined manner	and in my ap₁nion
please retain retain ta DIRE	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SIGNATURE 226 DATE SIGNATURE	SNED
o beput the funeral, the funeral may be a pruneral	EXAMINER'S DELOCAL COUNTY DEPUTY MEDICAL EXAMINER OF NAME (Type) DEPUTY MEDICAL EXAMINER OF SOURTY DATE OF SOURTY DEPOT SOURTY)	0,1968
,5 5 4 2 5 5 V	PEMOVA ISons ful	ounty) (State)
VR A15ME IS 10M REV 170	Jos. GAWLER'S SONS, SUBSHI. B. C. NW 250 RECOBY REGISTRAR SONS REGISTRARS SONS DATE JUN 6 1968 FULLER	NATURE YOUR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1790 8

			CEKIII	ICATE OF D	PEAIH			UIA	# -
I DECEASI		First	Middle	Last	2a	OATE OF OEATH			2b. HOUR
(Type o	or print) 7/0	MAIN A.	F. Tierre	11.		May 20	Day	Year	11/2 M
3 SEX		A RACE	0000	5. DATE OF BIRT	TH	AGE (In yeo	TS IF UNDE	RIYEAR I	IF UNDER HRS.
/	nole	9th	te	1/28	176	lost purthday)		OÁYS	HOURS MIN
7a BIRTH	PLACE (State as fareig	n 76, CITIZEN OF WHAT C	OUNTRY? 8 MARRI	ED NEVER MARRI	P. CO	UNTY OF DEATH			
cauntry)	1051.11	2. 1/10	TIFF. WIDOW	_	_	pontago	nere	1	Md
10 CITY 0	OR TOWN OF DEATH		HOSPITAL OR INSTITUTION	if not in haspital		UPATION (Kind of work		KIND OF BU	USINIASON
B		give street	Kuchen	v	Mac	working lift, even if ret		USTRY	Eta.
13a USUA admission		deceased lived, if institution. F	A.	1.2	IN INSIDE CITY LIMITS?	13e STREET AND NUMB	ER	1	2
	rulan,	C 13by COUNTY	wonery No	CKVILLE	YES NO	4512 4	eller	1 31	
14 FATHE	R'S NAME First	Middle	/ -01/	IS MOTHER'S MAIL	DEN NAME First	Md	gle		Last
Ch	Vistiz	and the	erlas	11/1/19	he/m/	12 7/2	1101	-	_ ,
	DECEASED EVER IN U			7. INFORMANT	/	- / Timpel	ress/ £3	12.1	Ede d
1es. 00	o or unknown) (If)	-20 20	63-96-149	7 (112	160.5	Lbeyle,	1500	tiell	1/0 7
18.	CAUSE OF DEATH (Er	nter an y one couse per the for	(a), (b), and (c))						ATE INTERVAL SET AND DEATH
	PART I. DEATH WAS			1841W	mulci.	RLL /111	0/5	1.7	1m s
17	10/8	DUE TO, OR AS A		ALL CALL	14:41	13 2 20 7 20	0	70-	AULAN
	ditions, if any, which	pave)	CONSEQUENCE OF						
	ta immediate caus		CONSCOUENCE OF						
last.	ing the underlying o	lause ()	CONSEQUENCE OF						
		NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT BE ATE	TO THE TERMINAL	DISTACE OR COMDIT	TON CIVEN IN DADT 1/-1			
L.	✓ 1	-1		1	/				
- In-	KGC3			200 AUTOPS		20b IF YES, WERE FIND			STEENING T
CERTIFICATION 1360	DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERAT ON WAS PERFORMED			CAUSES OF DEATH?	LA CONSIDER		HETING *
	Lectority Was alle	*2/18110		YES P					
	ACCIDENT WAS UND	E/D	JRY 216 anth Day Year	: HOW INJURY OCCU	RRED (Enter natu	re of injury in Part 1 or F	art 2, Item 18.)	
	either, natify medical	examine:) P.M.	19						
≥ 21d	i. INJURY OCCURRED	21e. PLACE OF INJURY (AT HO	DME, FARM, STREET FACTORY) 21	LOCATION Street	ar R.F.D. Na	City or Town	Caun	ty	State
at w	ark of wark			i_					
220	o. I certify that (I) (this hospital) attende	d the deceased fram.	5	6, 19-67	, to 5/23	, 19 6%	, that (l) (we) last
	saw the decea	sed alive an 5	19-68	and that in (mly)) (our) apınıan	death accurred an t	he date and	l hour a	nd from the
001		abave, (i) (we) (did) (did	not) view the bady all	et deoiti			AG. DATE CH	CHIED	
220	SIGNATURE	and all	(EL M.DO	EGREE PHYS	MED	OR STAFF	220 DATE SIG) S	68
22d.	PHYSICIAN S		(1)	22e ADDRI		^	-	n L	170416
	NAME (Type)	FRED A. G	AILL M.	1) 4	743 BP	ADLEY BL	VD.	-HC.	MI
23a BuR	IAL, CREMAT ON,	23b DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d	LOCATION (City or Town	i) (Cour	nty)	(Śtate)
	19YA4(Specify)	5/27/68	Ft. Lincol			olmar Mand		,,	Md.
	RAL DIRECTOR		ADDRESS		Sa REC'D BY REG	ISTRAR 2Sb. REGIS	TRAR S SIGNAT	URP	1.0
		ch's Sons Hy	zattsville. N	1d.	DATE MAY 3	1 1968 1	Marila	Jus	300

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by a director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers, the sylvent propers of the state Dept. at Health prior to burial, cremation, or remaval, and in any event, within 72 hours. VR A15 (4) 30M REV 1768

Francis Gasch's Sons Hyattsville, Md.

Pares I and 2 effer death.

by the Operal

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea

Page 4 may be retained by the haspital or attending physician.

172 1 P



23d LOCATION (City or Town)

25b REGISTRAR'S SIGNATURE

Racine

25g. REC'D BY REG STRAR

23c. NAME OF CEMETERY OR CREMATORY

Mound Cemetery

ADDRESS

00 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed complet ond in any burial, cremotion, or removal, Poge 4 may be retained by the haspital or attending physician. this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to DIRECTOR: FUNERAL 0

within 24 hours after

DECEASED NAME

(Type or print)

country)

male

7o. BIRTHPLACE (State or foreign

Chevy Chase

10 CITY OR TOWN OF DEATH

odmission) STATE and

Yes, mp or unknown)

nse ta immediate cause (a).

stating the underlying cause

19a, DATE OF OPERATION

21d. INJURY OCCURRED

While Nat while at wark

225 SIGNATURE

22d. PHYSICIAN S

230 BURIAL, CREMATION, Burth GYA (Specify)

24 FUNERAL DIRECTOR

NAME (Type)

23b DATE June

1968

Jos. Gawler Sons Inc 5130 Wisc. Ave Wash.DC

14. FATHER S NAME

3 SEX

VR A15 (4)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME First (Type or print) 3. SEX 4. RACE 6 AGE (In years IF INTOER 1 YEAR last birthoay MONTHS 1 OAYS 70. BIRTHPLACE (State at fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATI country) DIVORCED 12a, USUAL OCCUPATION (Kind at work done 10. CITY OR TOWN OF BEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2b. KIND OF BUSINESS OF during most of working life, even if retired.) give street address) mrtificate be executed writhin ond in ony event, 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 113c. CITY OR TOWN odmissian') STATE 13b COUNTY WASH 14 FATHER S NAME 15. MOTHER'S MAIDEN NAME First ond 16a. WAS DECEASED EVER IN U.S. 17. INFORMANT Yes, no, or unknown) buriol-tronsit permit. Then pl burial, cremation, or removol, CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise ta immediate couse (a), stoting the underlying couse of Health prior to 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from \bigcirc ta. saw the deceased alive an. .1908, and that in (my) (ear) apinion death accurred on the date and have and from the O FUNERAL DIRECTOR: causes stated above, (.) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b SIGNATUR DIRECTOR 22d PHYSICIAN S NAME (Type) 23b. DATE 23a BURIAL CREMATION LABENSBURG SI30 WPOSS AVE, N.W.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			40 10 17 19			(ERIIFI	CALE OF	DEATH				
Em :			CEASED-NAME	First		Middle		Lost		2a. DATE OF DEAT			2b. HOUR p
				ranci		Harper		Fannon			May 27	1968	4:50 M
		3. SE.			4. RACE			S. DATE OF BII		la e	GE (In years	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
# 8 S			Male			White		10 Ma	rch 189	/0	(Z YRS.	INCHIAL BATTS	110013
\$ 100 m		7a 8	IRTHPLACE (State or fore	ign 7	b CITIZEN	OF WHAT COUNTRY?	8 MARRIEI	NEVER MAR	RIED 7	COUNTY OF DEAT	Н		
285		COOL	Virginia			USA	WIDOWE	DIVOR	CED [N	ontgomer	-C7	Md.
equilles that the fleath certificate be executed within 24 the physician. signed by the attending physician and completely filled in 59 the burial-transit permit. Then please remave carbon papers. Pagburial, crematian, ar removal, and in any event, within 72 hours.		10 C	TY OR TOWN OF DEATH Bethesda			11. NAME OF HOSPITAL OR INS give street address) The Clinical	TITUTION (H	nat in haspital	12a USUAL during mos	OCCUPATION (Kind it of working life, o lager		126 KIND OF E	BUSINESS OR ration
arbo		13a		e deceased	hved if in	nstitution Residence before	13c City C	OR TOWN	13d, INSIDE CITY LIM		AND NUMBER	Corpo	Tauton
pe exacuted and comple e remave cal in any event		admı	ssion) STATE /irginia		136 (00)	NTY		andria	YES NO		Alabama	Avenue	
any de any	-	14 F	ATHER'S NAME First		Mid			IS. MOTHER'S MA			Middle		Last
din di	*****		Tho	mas		Fanno			Ros			r.	Smi.th
cernincare g physiciar fhen pleas moval, and		16a.	WAS DECEASED EVER IN	U.S. ARMES	FORCES?	16b SOCIAL SECURITY N	10. 17	. INFORMANT T	he Medi	cal Reco	rd Address		
n p val,		Ī	es na, ar unknown) (1	WWI	or dates of servi	Not avails	able 1	The Clin	ical Ce	enter, NI	H. Bethe		
The The						per line for (a), (b), and (c).	}						NATE INTERVAL NSET AND DEATH
ndir ndir nr re			PART I. DEATH WA	S CAUSED I	BY: CAUSE (a)	Cryptococo	al Me	ningiti	S			3 mc	onths
nar the seath n. sy the attending onsit permit. remation, ar re-			19 5	THE COLUMN		OR AS A CONSEQUENCE OF							
atip ation			Conditions, if ony, which			Waldenstr	in's h	(acrosto	hulinen	nia		2 ve	ars
n. n. y. t. ans ans ans			rise to immediate cau stating the underlying			OR AS A CONSEQUENCE OF	211 23 1	MELUETO	<u>DIGITATION</u>				
Sie			ost olderying	(0030	(c))							
quies m physician signed by burial-tra			PART 2. OTHER SIGNIFIC	ANT COND	TIONS CON	TRIBLTING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	DISEASE ORCO	NDITION GIVEN IN I	PART 1(o)		
ng I sn s sn s ta k		732×											
tending to be to a street to brior to		CERTIFICATION	190. DATE OF OPERATION	19b. CC	NDITION FO	OR WHICH OPERATION WAS PE	RFORMED	20g AUTO	PSY?		WERE FINDINGS CO	INSIDERED IN CE	RTIFYING
atte atte has hpi	1	TIFIC						YES 😿	ко 🗀	CAUSES OF C	Yes Yes		
An: In	€		21o. ACCIDENT WAS UN			ME OF INJURY	21c.	HOW INJURY OCC	URRED (Enter	nature of injury in	Part 1 or Part 2, 1	tem 18.)	
		MEDICAL	OR CONTRIBUTING CAL		HOUR	A.M. Month Day Year P.M. 19							
rsicial naspital certific thed fa pt. of H			21d INJURY OCCURRED	21e. P		TURY (AT HOME, FARM, STREET, FAC		LOCATION Stree	t ar R.F.D. No.	City or To	wn	County	Stote
this his of the period of the			While Nat while at work]		COFFICE BUILDING, ETC	- 1						
by the haspit ffer this certif be detached State Dept. of			22a. I certify that	(this	haspital	ottended the decease	ed from	16 Anni	7 19.68	, to 27 N	lav 19_	68 , that	(we) last
20 0 0 o			saw the dece	ased ohv	e on	ottended the deceose 27 May	9 <u>-68,</u> o	nd that in (x c	(aur) apın	ion death occui	red an the dat	te and hour c	and from the
ECTOR: / S should with the		Н		above,	(x) (we) (did) (statement) view the	body afte	r death.			,		
			226 SIGNATURE	1	1	1.01 5/3	16)	ATTENDIN	IG A ME	D STA	AFF 🗀	DATE SIGNED	
			Bock	11/1	1	nech y	TOP	CREE PHYS				May 196	8
Page 4 may look Funeral Control of Funeral Control of Shauld be fish	1		22d2 PHYSICIAN'S NAME (Type) R	obert	V. 1	Fulk, Jr., M.	D	Inst	itutes	Clinical of Healt	Center, h, Bethe	Nationa sda, Ma	ll ryland
Page 4 n O FUNER director,		23o	BURIAL, CREMATION,	23b. DA	TE	23c. NAME OF	CEMETERY C	R CREMATORY		23d COCATION (CI	ty or Town)	(County)	(State)
Page O FUN direct shaul			REMOVAL (Specify)	5/3	1/68	St. Mar	y Cem	etery		Alexand	ria, Vir	ginia	
VR A15 (4)		24	FUNERAL DIRECTOR	5		ADDRESS			25a. REC D BY	REGISTRAR 1968	256. REGISTRARS	SIGNATUR	400
30M REV 1/6	8	Ľν	erly-Wheat	ley F	unera	T Home, Alex	andri	a, Va.	DATEMAY	2 1 1200	6	0	U

J. . . Ä ß.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

AL HOUR

	ECEASED NAME	First		Middle		Lost	2o. [DATE OF DEATH			2b. HOURDIN
(1	Type or print)	Jo Ar	ne	Helen		Farone		Month	20	1968	11:50
3. SI	EX		4. RACE			S. DATE OF BIRTH		6. AGE (In year		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female		Wh	ite		April 17,	195	1 (ast bight hoay)	YRS.	MONTHS DAYS	HOURS MIN.
70	BIRTHPLACE (State of	foreign	7b. CITIZEN OF WH	AT COUNTRY?	8 MARRIS	ED [] NEVER MARRIED X	9. COU	NTY OF DEATH			
con	Rhode Isl	and	USA		WIDOW	- 014		Montgomer	7		Md.
10 (CITY OR TOWN OF DE	ATH		ME OF HOSPITAL OR IN				IPAT ON (Kind of work vorking life, even if reti		12b KIND OF INDUSTRY	BUSINESS OR
	Bethesda			reet oddress) e Clinica:		ter, NIH S	tude	nt		IIIOO3IKI	-
13a adm	USUAL RESIDENCE (N IISSIAN) STATE Rhode Is 1	Where deceos	ed fived, if institution 13b. COUNTY	on: Residence before	John	VEC FOT I	O	13e. STREET AND NUMB		Avenu	e
	FATHER'S NAME	First	M ddle	Last		IS MOTHER'S MAIDEN NAME	First	Med	die		lost
	Ma	rio	В.	Faro	ne	He	elen				Zira
160	WAS DECEASED EVE	R IN U.S. ARM	IED FORCES?	166 SOCIAL SECURITY I	NO. 1	7 INFORMANT The Med	lica	1 Recordsdd	ess		
	Yes, no, or unknown) NO	(It yes give w	ar or dates of service)	None		The Clinical	Cent	er, Betheso	la,	Md. 2	0014
	18. CAUSE OF DEA	ATH (Enter on	ly one couse per lin	e far (a), (b) and (c).	.)						MATE INTERVAL DNSET AND DEATH
	PART I. DEATH	WAS CAUSEE	BY: LE CAUSE (a) LE	aryngeal e	edema	with bilatera	l pr	neumonia		l ho	our
	DUE TO, OR AS A CONSEQUENCE OF										
	Canditions, if any,		(b) Ir	ntrathalam	nic he	emorrhage				7 mc	onths
1	rise to immediate stating the under		DUE TO, OR A	A CONSEQUENCE OF							
	lost. (t)										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
N.	NO CONTRACTOR OF THE PROPERTY										
CERTIFICATION	190 DATE OF OPERA	TION 195.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a AUTOPSY?		20b IF YES, WERE FIND CAUSES OF DEATH?	ings co	INSIDERED IN C	ERTIFYING
RTIFI						YES 🔼 NO					
	210 ACCIDENT WA			Manth Day Year		HOW INJURY OCCURRED (Enti	er nature	of injury in Port 1 or P	ort 2, It	tem 18.)	
MEDICAL	(If either, notify m	edicol exomir	ner) P.M.	1	9						
M	21d INJURY OCCUI While Not while at work of work	RRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY,) 21f	LOCATION Street or R.F.D. No.	0	City or Town		County	State
	at work at work	that (4) (the	s hasnital) atta	nded the decease	ed from	Sentember 6196	57 .	to May 20	19	68 . that	M (we) lost
	saw the a	eceased a	live on May	20 me deceds	19 68	September 6 19 (and that in (Ay) (aur) ap	unian c	death accurred an t	he dat	e and hour	and from the
	causes sta	ated abaye	e, (b) (we) (did) (kuk and view the	bady aft	er death.					
	22b. SIGNATURE	1.1.5	, 4			ATTENDING -	MED.	STAFF -	220 0	May 19	968
	11	J.C.	Now	a No	D	EGREE PHYS	DIRECTOR	PHYS.			
1	22d. PHYSICIÁN Ś NAME (Type)	77 * - 7-	7 - F G	- ' M T		22e ADDRESS The	Cli	nical Cente	er	Nation	al
				rivas, M.I				Health, B			
230	BURIA., CREMATION	i, 23b. 1	DATE - 25-68	23c NAME OF	CEMETERY	OR CREMATORY	1	LOCAT ON (City or Town		(County)	(Stote)
24				4 D D D r cc	wa	CO C 250. REC'D		STRAR 25b REGIS		SIGNATHRE A	6
de	I.W. Cha	mbe	26 19	too chafe	2: 5	P Jane DATE	MAY	2 4 1968	fill	arles	mogii

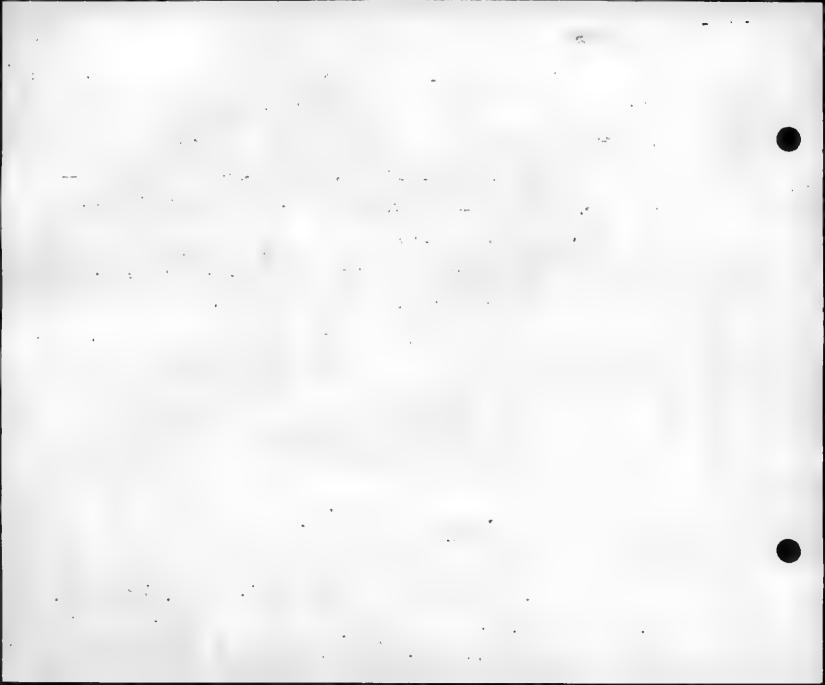
ro Hospital or attending physician: The low requires that the death certificate be executed wything Page 4 may be retained by the haspital or attending physician.

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ter deoth.

VR A15 (4) 30M REV 1/68

TO FUNERAL DIRECTOR: After this certificote has been signed by the attending physicion and completely time director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within



			DIVISION (OF VITAL REC	CORDS, 301 W	/. PRESTON STRE	ET, BALTIM	ORE, MAR	YLAND 21	201		ont.
14	2220				CERTI	FICATE OF D	EATH					4"
1 DECEASED		First		Midd	lle	Lost		20 DATE OF	DEATH	. 4.	11	2b. HOUR
(Туре ог	print)	Kenn	eth	Jero	one	Feene	1	5	Month #	24 Doy 1	& Yeor	10:10PM
3 SEX		1,57171	4 RACE			5. DATE OF BIRT			6. AGE (In ye		F UNDER 1 YEAR ONTHS I OAYS	IF UNDER 24 HRS. HOURS MIN
/	nale			W hite		8-	15-18	96	last birthdo	YRS.	UNINS UNIS	TOURS MAN
o BIRTHPI	LACE (State or 1	foreign		WHAT COUNTRY?	MPIK	RIED NEVER MARRI	ED	COUNTY OF				
W	Ash, I) C.	21.5.			WED DIVORCE			Gom	eR	Y	Md
4.7	TOWN OF DEA		l ni	ve street oddress)	TALOR INSTITUTION		denna-most	OCCUPATION of working CMD LOG	(Kind of wor life, even if r	k done etired.)	INDUSTRY	BUSINESS OR portation
	RESIDENCE (W		lived, if inst	tution: Residence	e before 13c. CIT	Y OR TOWN 13	d. INSIDE CITY LUMIT YES (4) TOO	SP 13e STI	REET AND NUM	ABER		< - 1
	70	4		mont		- CICALIGNA		///		o HU	Em .)	2, ma.
14. FATHER		mes	M.ddle L.		lost eenev	15. MOTHER'S MAIL	den name fils Dirgini		14		Nesbi	Lost £
Yes, no.	DECEASED EVER or unknown)	IN U.S. ARME		16b. SOCIAL S	SECURITY NO	17. INFORMANT Mrs. Edna				Mego f	Tuenne	_
	no .	N. 75				THE CONTO		erteg	Silver	0044	APPROX	MATE INTERVAL
	PART I. DEATH	WAS CAUSED		r line for (0), (b) BRO		Pneumo	a cA				BETWEEN I	ONSET AND CEATH
1	1	1000CD-A1	4 /	R AS A CONSEQU			4			_		,
Condi	itions, if ony, w	hich gove	(b)_	CIRCH	LATO	RV FAI	14Re		*		20	WK5
stotin	g the underly		DUE TO, C	R AS A CONSEQU		41 1	*	4	. 41 .		C	100.00
lost.		,	(c)_			otiedise		$\overline{}$		erec	Kepe F	of x Ala
PART	2 OTHER SIGN	IF!CANT COND	OITIONS CONTR	IBUTING TO DEAT	IH BUT NOT RELAT	ED TO THE TERMINAL I	DISEASE OR COM	IDITION GIVEN	I IN PART 1(o)		
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	AL, CREMATION,	23b D	ATE	23c 1	NAME OF CEMETER	Y OR CREMATORY		23a. LOCATIO	N (City or To	พก)	(County)	(Stote)
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours to VR A15 [4] 30M REV 1/68

to HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

Glenwood Cemetery Leathing the

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221 y the funerol coges 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely/ director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, wif

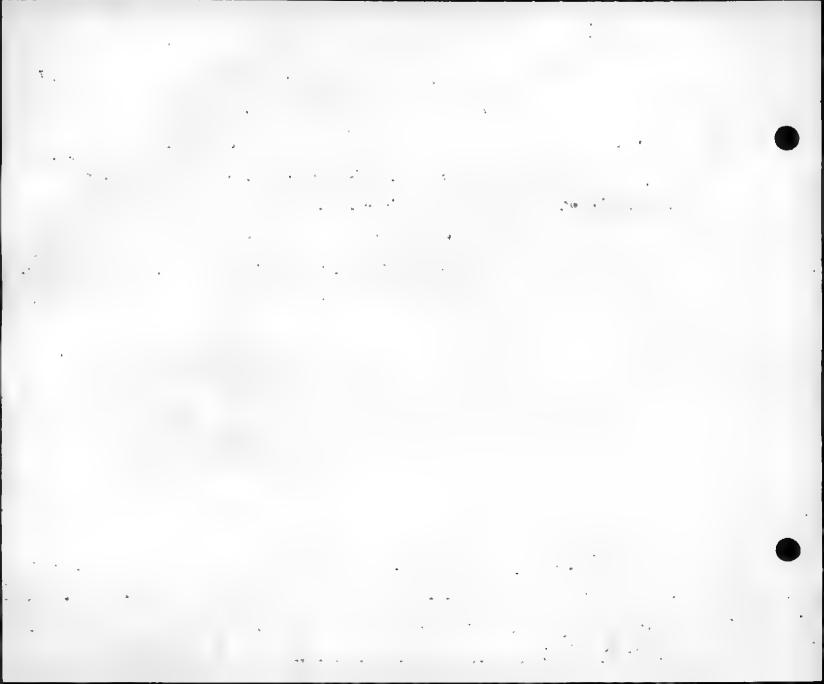
Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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MENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2n DATE OF DEATH 1 DECEASED-NAME Middle 26 HOUR Month pug (Type or print) dmunn 3 SEX 4 RAC S DATE OF BIRTH AGE (In years SEMNOER I YEAR IE LINDER 24 HRS duath certificate be executed settlin 24 hours after lost birthday MONTHS OFAC HOHRS To BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED (vrtnuos DIVORCED [Mashenstor completety-falled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kraft of work done 12b. KIND OF BUSINESS OR corban give street address) dur na prosz of working life, even if retired.) burial-transit permit. Then please remave carban burial, crematian, ar remaval, and in any event. Will 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER 102 odmission) STATE 13b COUNTY YES [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle guq Zarian physician o Address 30 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Conn. Yes, no or unknown) (If yes give war or dates of service, Mrs. Regina Bartlett Finch-Washington, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE signed by the burial-transit p Conditions, if ony, which gove that rise to mmed ote couse (o). DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 195 CONDITION FOR WINCH OPERATION WAS PERFORMED 20a AUTOPSY? eina CAUSES OF DEATH? YES [00 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov P.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d NUURY OCCURRED State City or Town County While Not while of work ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from 1960, 19, ta 5-11-, 1900, mai (i) (we) russ the deceased alive an 5-11-19 60, and that in (my) (aur) apinian death accurred on the date and hour and from the Page 4 may be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE: 22c DATE SIGNED O HOSPITAL OR DIRECTOR 22e ADDRESS 22d, PHYSICIAN'S

NAME OF CEMETERY OR CREMATORY

LOCATION (City or Town)

Washington,

(County)

(State)

C.

VR A15 (4)

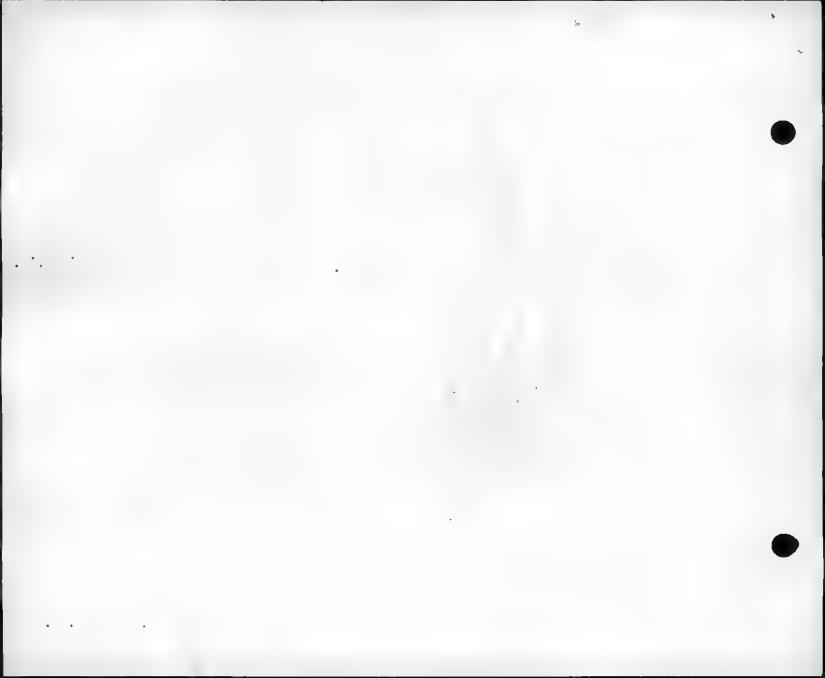
24 FLINERAL DIRECTOR 30M REV 1/68

230 BURIAL, CREMATION

BEMOVAL (Specify)

23b DATE

5/15/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF OFATH 1. DECEASED-NAME First M.ddle 2b. HOURofter Beoth. erol ond deat (Type or print) Fischer Month 25 Doy 68eor Ruth 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. last birthdoy) white Female 5/7/25 requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH NEVER MARRIEO country York USA DIVORCED [WIDOWED [Montgemery the ottending physician and completely filled sit permit. Then please remove carbon pape 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of Work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR CrossHospi dang most of working life, even if retired) Silver Spring, ₹ Hopsewife event, 130 USJA, RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY UM TS? 13e STREET AND NUMBER 13b COUNTMONtgomery odmiss on) STATE SilverSp. YES Dx NO 9815 Hedin Dr.S.S., Md. and in ony 14 FATHER'S NAME KKOWI VUCHEK 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 JMFORMAN Yes, no. or unknown) (If yes give war or dates of service) or removol, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) buriol-transit rise to immed ofe couse (o). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the hos been 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF OFATH? YES 🗀 NO I this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detoched 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED County State City or Town While Not while at work . 1968 , that (1) (we) last saw the deceased alive an-1968, and that in (my) (our) apinian death accurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. O FUNERAL DIRECTOR: 22c DATE SIGNEO 226 SIGNATURE director, page 3 should be filed v DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23a BURIA, TREMATION REMOVAL (Specify) 23b_DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Mases Com. Farmey dale 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR

VR A15 (4) 30M REV 1/68

1 2 * F.L. r • 1 " i y " J T. I. T. F.,

1	MARYLAND STATE DEPARTMENT OF HEALTH	
	Item #6 Film #G400 5/21/68 ph CERTIFICATE OF DEATH	
*	CERTIFICATE OF DEATH	11
4 84 /	1 DECEASED-NAME First Middle Lost 20. OATE OF DEATH	2b. HOUR
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(注: プー注: 少	Randolph Hills	DUSTRY pt. Store
ampletein ve carban event, wii	130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d MISIDE CITY LAITS? 13e. STREET AND NUMBER	
camplete ave carb	odm ssion) STATE NO 5310 Cathedral	Ave. N.W.
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law requires that the death certificate be executed with a physician. been signed by the attending physician and completely is the burial-transil permit. Then please remave carbailor to burial, cremation, ar remaval, and in any event, where the dial and the complete of	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO 17 INFORMANT ATTEMPT AND	ash. D.C.
iffice of policy si	Yes, no, or unknown) (If yes give wor or dotes of service) 578-10-36884 Mrs. Daisy L. Grubb, Sister, 53	
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For Figure 1	Work CONTENSION OF DEATH HOUR AND Month Day Year Parties I Start To Floor Little	SponTaneou:
PHYSICIAN: bospital or bis certificate trached for u Dept. of Heal	Office sther, not fy medical examiner) 3(25P.M. 4) 1967 F. A. C. T. A. C. Street or R.F.D. No. 1969 Town Could by the Control of the Control	nty Stote
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by be Sto	22a. I certify that (I) (this haspital) attended the deceased fram 12/3/, 1967, ta 3/14, 1968 saw the deceased alive an 3/3 1968, and that in (my) (our) opinion death accurred an the date an	_, that (I) (we) last
ATTENDING	causes stated abave, (1) (we) (did) (did-not) view the bady after death.	u nuoi uno nem me
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VR A15 A	24_FUNERAL QURECTOR ADDRESS 250. RECID BY REGISTRAR 251. REGISTRAR 251. REGISTRAR	PURE Judge
30M REV 1168	Joseph Gawler's Sons, Linc., 5130 Wisc. Ave. DATE MAY 1 (1908	00



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

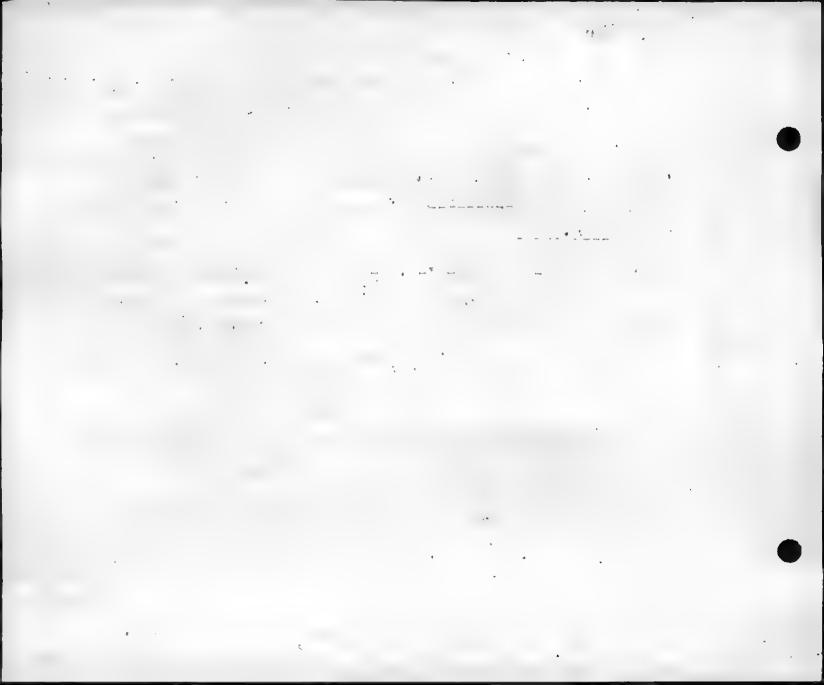
CERTIFICATE OF DEATH

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ı	3. SE	X	4 RACE		S. DATE OF BIRTH	6 AGE/(In years	IF UNDER 1 YEAR IF JINDER 24 HRS.
Į		Female	Whit	6	2-27-8	last birthday)	MONTHS DAYS HOURS MIN
- [BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COU	NTRY? B. MARRIE	NEVER MARRIED	9, COUNTY OF DEATH	
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		es, no, or unknown) (If yes give w	- 579.	-03-3165-1	Don-Carl	HISKE, JSa	me as pr.
		18. CAUSE OF DEATH (Enter on			registive	Heart Jaile	APPROX MATE INTERVAL GETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMED _I	ATE CAUSE (0) Alla	betre ar	uico scel	worke Cary	ene
		2509	DUE TO, OR AS A CON	ISEQUENCE OF	Jense 7	-ailes o	
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		PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
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1	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPER	1 0	20a. AUTOPSY?	CALISES OF DEATHS	CONSIDERED IN CERTIFYING
	RTIF	3/24/68 W	Messecure	tec gange		-	
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	TIDE THE OF HISTORY	h Doy Yeor	HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Port 2	?, Item 18.)
	MEDICAL	(If either, notify medical exami	iner) P.M.	19			
	2	21d INJURY OCCURRED 21e.	. PLACE OF INJURY (AT HUME,	UILDING, ETC 211.	LOCATION Street or R.F.D. No	City or Town	County State
		of work - of work -		41 1 - 1 1	3 - 4 - 10/	V to 15-111	0 /2 V that (1) () [
		220. I certify that (I) (th	alis nospital) attended	ine deceased fram	ad that in (my) (aur) on	inion death occurred on the	tote and hour and from the
		couses stated above	e, (I) (we) (did) (did no	t) view the body afte	r deoth.	miles december of the control of the	
-		226 SIGNATURE	100	110	ATTENDING TO	MED STAFF - 22	C DATE SIGNED
		Malle	ED 1860	call, DE	GREE PHYS	DIRECTOR L PHYS. L	5-24-68
,		220. PHYSICIAN'S NAME (Type)		0	22e. ADDRESS		
	23 a	DESCRIPTION AND ADDRESS OF THE PROPERTY OF THE	10-1	23c NAME OF CEMETERY		23d LOCATION (City or Town)	(County) (State)
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	24.	Home Inc.	ey's Funera	Mary-	ainier 350 REC'D		S SIGNATURE
		1101110			DAIGVIA T	29 1968 Rile	AT COST CONTRACTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled In by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 mount of the filled with the State Dept. of Health priar ta burial, crematian, ar remavol, and in any event, within 72 haurs after death. VR A15 (4) 30M REV 1/68

ofter death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.



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CERTIFICATION	THE DATE OF CERTIFICATION OF STREET	. NO. VIT THE CENTONIEL	YES		CAUSES OF DEATH?	
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MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MON	th Day Year		(
MED	21d IN JRY OCCURRED 21e PLACE OF INFJRY / AT HON	19 AE FARM, STREET FACTORY 1 2	If LOCATION Stre	et or R.F.D. No.	City or Town	_
	While Nat while at work	BURLDING, ETC.			•	
	22a certify that (1) (this hospital) attended	the deceased from	n Dun	e 1964	, to Man	1
	saw the deceased alive an Man	-0 194x	, and that in (m	iy) (oor) apinian	death accurred on the	e d
	causes stated above, (I) (we) (aid) (did.)	ot) view the body a	tter death.			20
	22b SIGNATURE	72) 1. S.	ATTENDI		STAFF C	220
	22d PHYSIDAN'S	w, his,	DEGREE PHYS	DIRECTO	OR L PHYS L	_
	NAME (Type) John D. Herman,	M. D.			ery Ave. Be	t In
72-	<u> </u>				LOCATION (Lity or Town)	411
₹4C	BUR AL, CREMATION, 23b. DATE 29/68	23c. NAME OF CEMETER	vary Come		Wheeling We	20

ADDRESS

Joseph Gawler's Sons, Inc., Washington, D. C.

Address aughter Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WERE FINDINGS CONSIDERED IN CERTIFYING DEATH? Part 1 or Part 2, Item 18) Town County State that (I) urred on the date and haur and from the 22c DATE SIGNED Bethesda. (County) (St Virginia Lity or Town) (State) West ing, REC'D BY REG STRAR REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV 1/68 Burial

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenuing physician and camplately filthed in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers.—I should be filed with the State Dept. af Health prior to Murial, crematian, or remaval, and in any event, within 72 hau

physician and

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 20. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In veors lost birthooy) EMALE 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED papers.1 hin 72 ho country DIVORCED 12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not as hospitor 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER please remaye 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no of unknown) cremation, or removal, signed by the attending phy 18 CAUSE OF DEATH (Enter only one couse per line (b-(o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial-transit p Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OP AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 has been CAUSES OF DEATH? NO | 216. TIME OF INJURY HOUR A.M Month Doy (If either, notify medical examiner) PM

21e PLACE OF INJURY

23b. DATE

may

While Not while at work

22b SIGNATURE

220 PHYSICIAN S NAME (Type)

230 BURIAL CREMATION

24. FUNERA. DIRECTOR-

REMUVAL (Specify)

etached for use as the Dept. af Health prior to this certificate by the hospital ar O FUNERAL DIRECTOR: After 9 be retained director, page 3 should Page 4 may

VR A15 (4) 30M REV 1/68

2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) (AT HOME, FARM, STREET, FACTORY,) 21F LOCATION Street or R.F.D. No. City or Town County Stote 22a. I **certify** that (I) (this hospital) attended the deceased frámts and the deceased alive an 19 and the deceased alive aliv and that in (my) (our) opinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (dro hat) view the body after death. 224-DATE SLONES 72e ADDRESS LOCATION (City or Town) (County) (Stote) REGISTRARS SIGNATURE

2b HOUR

IF LINDER 24 HRS

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL

IF JINDER 1 YEAR

MONTHS



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b HOUR l and a after death. (Type or print) 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS rday) HOURS YRS. 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? requires that the death certificate be executed within 24 has country) please remave carban papers. U.S. A or remaval, and in any event, within 72 DIVORCED physician and completely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. JSUAL OCCUPATION (Kind of work done 2b K NO OF BUSINESS OR during most of working life, even if retired) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMPTS? 14 FATHER'S NAME Middle Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes no or unknown) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c) BETWEEN ONSFT AND DEATH PART I. DEATH WAS CAUSED BY permit. MMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burral-transit nse to immediate cause (a). signed by DUE TO, OR AS A CONSEQUÊNCE OF physician. stating the underlying couse burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept of Health prior to 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION CAUSES OF DEATH? YES [210 ACCIDENT WAS JNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2 Item 18) TO OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Doy Year (If either, not fy medical examiner) P.M (AT HOME FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY State director, page 3 shauld be detache shauld be filed with the State Dept City or Town County While Nat while at wark at wark ENDING 22a. I certify that () (this haspital) attended the deceased from 19 6), and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an-3 should causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, BREMOVAL Specify) 5/10/68 Washington D. C. Mt. Olivet FUNERAL DIRECTOR ADDRESS REGISTRABA SIGNATUR VR A15 (4) 30M REV 1/68 Francis Gasch's Sons Hyattsville, Md.

1 9 5 73 5 1

1	Ft.	MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND 21201 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	336
HEALTH DEPT.		DECEASED NAME First , Middle Last 20 DATE KNOWN Month D.	oy Yeor 2b. HOUR
of af		(Type or Print) JUDITH XXXXX FOX DEATH MATED 5-3	3 1682:05
d 3 to d 3 to Poge	3 5	SEX 4. RACE S DATE OF BIRTH 6 AGE (in years Funder YEAR IF LINDER ZH HRS 20 DATE PRONOUNCED DEAD MONTHS OATS HOURS MIN MONTHS DATE	60 2d HOUR
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THE BOOK	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	- 0.
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Pag with	1	give street address) during most of working life even if retired 1 IN	DJSTRY
Give ng h		WER SORING 1409 NORTH GATE TERRACE HOUSEWIFE USUAL RES. DENCE (Where deceased lived, if institution, Res dence before 13c (TY OR TOWN 13d MISIDE GIT LIMILIS? 13e. STREET AND NUMBER	AT HOME
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haurs Item 18 Office Tond 2	14	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
24 F		Theodore WEITZMAN IDA	ChAPIRE
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b SOCIAL SECURITY ND. 17. INFORMANT ADDRESS	SPRIN
with year xam		NO DR. IRWOOD FOX, 2409 NORTH GATE DR	
ed t		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: A combination of the country of the c	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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EX.		22a. I certify that I toak charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my opinian
CAL exe or lead for CTOI		death resulted from: Notural couses Acadent A. Suicide . Homicide . Undetermined manner]
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o DEPUTY necessary, p the funeral i 5 may be re 0 FUNERAL I Health prior		NAME (Type) DELDEN K. NEAP ADDISTRIBUTION (COUNTY)	,
5 a # 2 b #	230	REMOVAL (Specify)	ounty) (Stote)
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√R A15ME (5)		ADDRESS 250 RECD BY REG STRAR 256 REG STRAP S SIGN L LEVINSON & BROS., 6010 REISTERSTOWN ROAD DATE MAY 7 1968	res Judge
10M REV 1,68		- San Maria	1/

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 It m#17, Film#G40, 5/31/69km CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle 20 DATE OF DEATH 2b. HOUR requires that th≡ death certificate be ≡xecuted within 24 ∏aurs after death (Type or print) Frank Werner NMI S. DATE OF BIRTH 4. RACE caucasian 3. SEX 6. AGE (in years male 7/16/19 To. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED lerne, Germany Montgomery County USA WIDOWED [DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR during mast of working ife, even if retired) give Horry Tross Hospital INDUSTRY Silver Spring, Mathematician Government 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13hp County ce Geo. Hyattsville YES 7010 18th Avenue NO 🗌 14 FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Lost Cohen Frank Julie Louis 17. INFORMANT Ursel 16b SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, ar unknawn) Ether Frank- 7010 18th Ave. Hyattsville, Md. 090-09-3368 18 CAUSE OF DEATH (Enter only one cause per ling-for (a), (b), and (c)) signed by the attending bur al-transit permit. Th BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Examiner DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Medical TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? Carcuoud Dec 12,1967 alung. YES [] NO K 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 12 k. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. IN JRY OCCURRED While Not while at wark City or Town County Stote eared 220. I certify that (I) (this haspital) attended the deceased from 1963, to 6, 1963, to 6, 1968, that (I) (we) last saw the deceased alive and 13 1968, and that in (my) (our) apinion death accurred on the date and hour and from the be retained by director, page 3 should should be filed with the couses stoted obove, (I) (we) (and not) view the body after death 22b SIGNATUR 22c DATE SIGNED ATTENDING PHYS MED.
DIRECTOR -DEGREE 22d. PHYSI(IAN'S NAME (Type) Jos. Berkenbelt New Hampshire Ave. Takoma Park. Md. 23d LOCATION (City of Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, (County) REMOVAL (Specify) Z Adas Israel May 22, 1968 Washington, D. C. 232 Carroll 2504 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Donald M. Stein VR A15 (4) 30M REV, 1/68 Hebrew Memorial Funeral Home St., n.w. Wash., D. WMAY



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the the	H _e	230	BLRIAL)CREMA		DATE	10/0	23¢ HAME OF	CEMETERY C	R FREMATORY	1-	23d	LOCAT ON	(City or Tov	49 1	County	14	oley A
		24	FELNESAL DISECT	QR I	9-11-	1792	ADDR	ESS	180	250 REP D	BY REG	STRAR	25b RE	GISTRAR S	SIGNATL	RE	1 / /C
	15ME (5) REV 1 68	1	arthu	r. Helle	(sx	254	Buck	ll st	μ6.	DATE M	AY 1	7. 1	988	Bal v	ar B	1 - and	200



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME 20 DATE KNOWN (Type or Print) ONNIE DEATH MATED DA S. DATE OF BIRTH 6 AGE (n years F JNDER 24 HRS To BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH W DOWED Give Pages IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in home tol) 120. USUAL OCCUPATION (Kind of work done I and 2 with (Where decrosed type, if institution Residence before 13c after 14 FATHER'S NAME IS MOTHER'S MA DEN NAME farwarded to the Chief Medical Examiner's ADDRESS in pencil (Yes, na, or unknown) any event within 8 CAUSE OF DEATH (Enter only one couse per line to PART I, DEATH WAS CAUSED BY pending IMMED ATE CAUSE (o' DUE TO, OR AS A SONSEQUENCE OF Conditions, Fony, which gave rise to immediate couse (a), please execute the certificate, writing the ward stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUE NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0) or removal, 190 DATE OF OPERATION TO CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING MEDICAL 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, FUNERAL DIRECTOR: Poge factory, office building, etc. AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, helden? Autopsy Inspection death resulted frame. Natural causes Accident. Hamicide ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 23o BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Gate of Heaven Silver Spring, ADDRESS

VR A15ME (5)

24. FUNERAL DIRECTOR

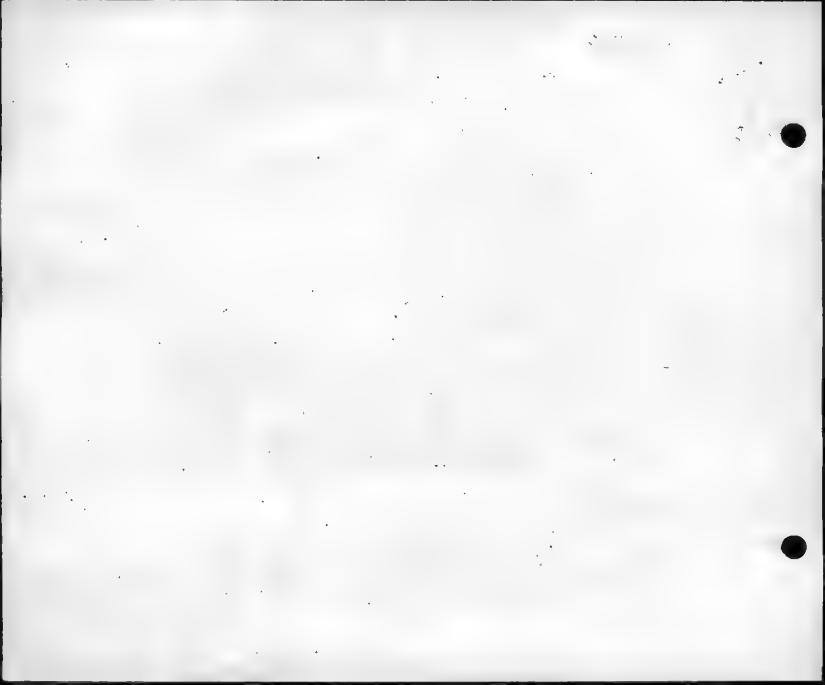
Tyson Wheeler Funeral Home 1331

250 RECD BY REG STRAR

(County)

20 AUTOPSY?

and in my opinion



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Lost 20 DATE OF DEATH requires that the death certificate be executed within 24 hours after death Mary Month (Type or print) Elizabeth Getz Marv 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years TE JINDER 1 YEAR last Sirthdoy) Female White April 12, 1915 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED X NEVER MARRIED (country) Virginia Montgomery USA WIDOWED | DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR The Clinical Center, NIH during most of working life, even if retired)
HOUSEWITE Bethesda 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. City OR TOWN 136 INS DE CITY LIMITS? 13e STREET AND NUMBER odm ssion) STATE Virginia 9105 Old Keene Mill Road Springfield 4 FATHER'S NAME 15 MOTHER 5 MAIDEN NAME First Lost Lost Elma Ruffner Turner Isaac physician ren plede 17 INFORMANT The Medical Record&ddress
The Clinical Center, Bethesda, Maryland 160. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. [If yes give wer or dates of service) Yes, no, or unknown) n signed by the attending physical buriol-transit permit. Then playing, cremotion or removed 225-14-1476 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Myocardial BETWEEN ONSET AND DEATH Myocardial failure 6 hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Aortic stenosis & regurgitation 15 years rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Rheumatic valvular heart disease 20 years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to Severe anoxic brain damage has been 1196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 1962 Mitral Stenosis YES 🔀 NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. IN JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 27f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work O FUNERAL DIRECTOR: After causes stated above, (X) (we) (did (did at) view the body after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS union DEGREE PHYS June 1968 22e ADDRESS The Clinical Center, National 22d PHYSICIAN S NAME (Type) Eric F. Johnson, M.D. director, g Institutes of Health, Bethesda, Md. 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23o BUR AL, CREMATION . 168 June Beahm's Chapel Luray Page 1968 REGISTRADE SIGNATURE 250. REC'D BY REGISTRAR ADDRESS VR A15 (4) Va. 22835 30M REV, 1/68 Luray,



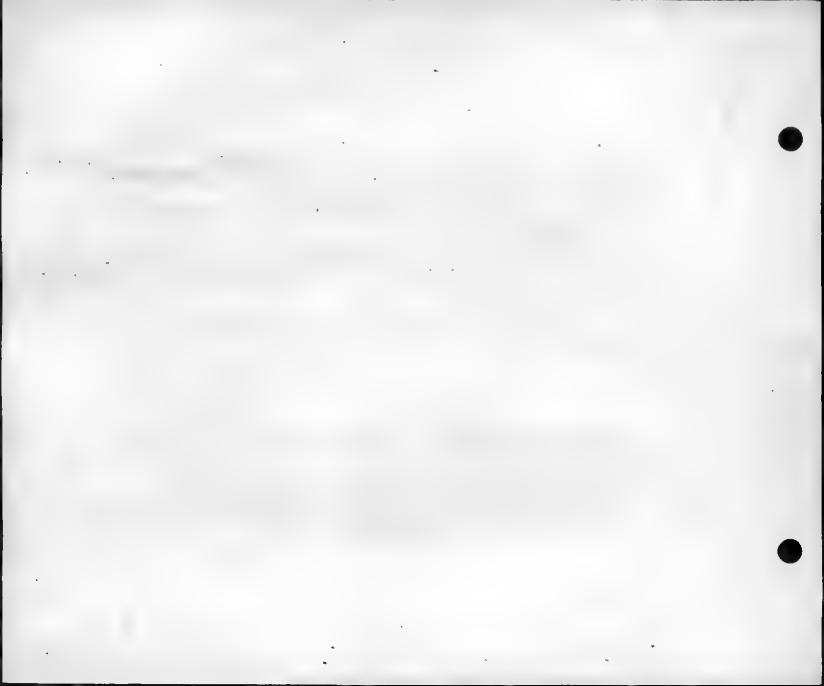
1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	Item#8 Film#Gh00 5/21/58 CERTIFICATE OF DEATH
عن ا	Reg. Dist. No.
directo	1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived it institution). Residence before odmission) O. STATE MARYLAND O. STATE A R // A N D . COUNTY TONT GOTTERY
7 2	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
P P P	RURA GRI give negrest town) DETHESDA.
=/5	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES NO INC.
3 = 8 ·	(Type or print) GIRBONS J. GIRBONS DEATH MAY 14, 1968
log	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1883 9. AGE (in year) Houter 1 VEAR IF UNDER 24 HRS. Months Days Hours Min
mpk m	
nd con	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of to eign country) 12 CITIZEN OF WHAT COUNTRY during brown of working life. evals if retired) 13. S. A.
offer of	13. FATHER'S WAME
Zici Vre	PATRICK (T/13130N-) CATHERINE
2 ho	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [16s. no or unknown] [16 yes, give wor or dofes of service] 570 1/2 (200 Forces)
in 7	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
atten en Ele it with	PART I. DEATH WAS CAUSED BY AND DEATH ONSET AND DEATH
The The	DUE TO /
d by any	Conditions, if any, which) (b) VIRAL KESPIRATORY INFECTION 10 DAYS
signer if period	gave rise to immediate code (a), stating the under lying cause last.
Gust	PAW II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
phys as bir ovol	SENERALIZED ARTERIUSCLEROSIS YES NOW
anding he burned or rem	200 ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
all or other this certification, the ost of the other than the oth	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a, m., p. m. 19 While of work o
d de la contra del la contra de la contra del la contr	21. I certify that I attended the deceased from MAY 3 , 1968, to MAY 14 , 1968, that I last saw the decease
be he burio	alive on MAV 13, 1968, and that death accurred at 2 A. M. from the causes and an the date stated above
5	ACTUAL SIGNATURE SIGNATURE M.D. 9420 OLD GEORGETOWN RO.
r prior	PHYCHERAPIS TO TOTAL PLAN TO THE PROPERTY OF T
3 should gistrar	NAME (Type) USSEPH V- CONNIK, M.V DELLESUM, TO.V.
page 3	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY) 22d. LOGATION (C/t), town, or county) (Stote)
5 5 5	23, FLINERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE
VS A15 (4)	HANION FUNERAL TTOME-WASH D.C. DATE MAY 17 1968 felones Jung

The same walk

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a DATE OF DEATH 2b. HOUR A First Last requires that the demth certificate be executed within 24 hours after death (Type or print) GISSEL V. LORENA 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX WHITE FEMALE SEPT. 16, 1886 lost billing) 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED [NEVER MARR ED] 9 COUNTY OF DEATH country) MARYLAND MONTGOMERY USA WIDOWED TY DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done event, within 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) SUBURBAN HOSPITAL during most of working ife, even if refired) INDUSTRY BETHESDA 130 JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission MARYLAND 13b COUNTY NTGOMERY 9310 Cedar Lane BETHESDA and in any 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME First JOSEPH MARKS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes, no or unknown) MR. FRED GISSEL, SAME AS # 13e burial, crematian, or removal, 579-03-5263 APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. of Health prior ta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗌 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INLURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work of wark O FUNERAL DIRECTOR: After . 19. , to 13 Man saw the deceased alive an 13 may 195, and that in (pp) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) director, 230 NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY 23d LOCATION (City or fown) (County)
ROCKVILLE MARYLAND 23a BURIAL, CREMATION, BURTVALLSpec fy) SUNERAL DIRECTOR Gawler's 5130 WISC. AVE., N.W., 2So REC'D BY REGISTRAR 30M REV. 1/68 WASHINGTON D. C.



1 1		m 4 / MARYLAND STATE DI I OF VITAL RECORDS, 301 W. PRES		AADVIAND 23201	,
FOR STATE		MEDICAL EXAMINER'S			* # B
HEALTH DEPT.	1 DECEASED NAME First	M ddle	Lost	2o. DATE KNOWN Month	Dov Yeor 2b HOUR
e de de	(Type or Print)	MA XERRICARIOSC	GRAFF	OF ESTI-	3 19682:40
deloy 1	3 SEX 4 RACE	5 DATE OF BIRTH To. AGE (In y.	HOTS F UNDER (YEAR F JINDER 2	HRS 2c DATE PRONOUNCED DEAD	2d HOUR
\$ 9 8 8 9 9	FEMALE WHITE	7-14-04 last b mide		Month Day	Yeor 138 12:40
Dep 1. 2.		b CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
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S 5 1	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITU		UAL OCCUPATION (Kind of work done	.26 KIND OF BUSINESS OR
ter de Give P ong wi	OLNEY	MONTGOMERY GE ad lived if institution Residence before 130.			20000000000000
s ofter 18 Giv colong with the	odmiss on) STATE	1 13b COUNTY	VEC 1 M		
200	14 FATHER S NAME First	Midde Lost	IS MOTHER'S MAIDEN NAME	First Middle	NE Lost
_ ~ _ 0	Willis	. Grant BENNER	Emm	A Louise	SEIGER
hin 24 nkil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED F	ORCES? 166 SOCIAL SECURITY NO	AT MFORMANT	10015 Dallas Au	
Examiner Examiner File page	(Yes no, punknown) (If yes give	sar or dates of sarrice) 577-24-0689	Leenard Benner		pring I'd
ed of E		y one couse per line for (o), (b) and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed and "pending" in Chief Medical Extraorsit permit. Fix y event within	PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (0) .X an uinati.	n hock lecond	ary to	
be ex "pend nief Me nosit po	Conditions, if only, which gove	DUE TO, OR AS A CONSEQUENCE OF Retroperation	eal Top Lie	associated with	
d be d "pe Chief ronsit	rise to immediate cause (a).	(b) DUE TO, OR AS A CONSEQUENCE OF			
worl the riol	stoting the underlying couse (renal surgery	*		
the strain of the nd irrand ir	PART 2 OTHER SIGNIFICANT COND.	TIONS CONTRIBUTING TO DEATH BUT NOT RELA		ONDITION GIVEN IN PART 1(a)	J
firot ing ded ded os c	3	TOTAL CONTRIBUTION TO BOTTO NOT NEED	ten to the fertilete nightly off co	onstron otter in tant 1(0)	
s certificate te, writing th forworded to e used as a t removal, and	190 DATE OF OPERAT ON 210 EXTERNAL CAUSE WAS	19b CONDITION FOR WHICH	OPERATION		20 AUTOPSY?
te, to	SIER	WAS PERFORMED?			YES NO
		21b. TIME OF INJURY Month, Day, Yeor HOUR A.M.	21c. HOW INJURY OCCURRED (Ent	er noture of in any in Port 1 or Port 2, 1	tem 18)
NER cer cer houl iles. sho sho	E CAUSE OF DEATH	P.M. 19	216 10647104 from a D.F.D. No.	f.aT.	facet face
EXAMINER: ute the certing age 4 should your files. Poge 3 shoul		PLACE OF INJURY (At home, form, street, tory, office building, etc.)	21f LOCATION Sweet or R F D No	City or Town	County Stote
		aak charge of the remains described a	have field an Autonsy	Inspection , Inquiry	and in my opiniar
Z X . * * O E	death resulted frame		. Suicide . Homicide		_
R R to	1/1/	20 1/	CHIEF MEDICAL I		
<u>9</u>	ACTUAL SIGNATURE	Esten/ (all	M.D. ASS STANT MEDI	CA. EXAMINER 226 DATE	SIGNED
0 _ 0 _	EXAMINER'S 73610	CH P KEAD	DEPUTY MEDICAL	EXAMINER SOLUTION (COUNTY)	3.1968
necessa the fun 5 moy 0 FUNE Health	11/0/2/2/	DATE 23¢ NAME OF COME	TERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify)		le Cemeteru		ruland
A.	24 CONFRIGUENO Carter	C. Blen Carles 2434 Coppers	250. REC D	BY DECISTDAD 1965 DECISTDAD C	CICMATUDE
VR A15ME (5, 168	Warner E. Pumphr	ey, Inc. Silver Spr		AY 10 1868 gcc	arley Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 24 havrs after death. and death (Type or print) Month Robert graves Roscoe May SEX 4. RACE S DATE OF BIRTH 6 AGE (In years by the re Pages White Male 1 March 1915 7a. B.RTHP_ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) Indiana DIVORCED [Montaomeru WIDOWED [120 USUAL OCCUPATION (Kind of work done IQ CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital mapines that the leath certificate be executed within give street oderess) during most of working life, even if retired) physician and campletely t Hamilton Avenue Silver Spring 30 USUAL RESIDENCE (Where deceased fived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e STREET AND NUMBER Maryland COUNTY Montagnery East Hamilton Avenue YES ⋥ Middle EATHER'S NAME Middle Lost MOTHER'S MAIDEN NAME First .≘ Melvin Roxie Graves and SOC AL SECURITY NO. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, ar unknown) (If yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, Mrs. Anne Barnhart Graves 208 ap.M. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Acute myocardial infarction IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Ldon Conditions, if ony, which gave) Coronary arteriosclerosis rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the priorita has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19th DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 6 CAUSES OF DEATH? NO X YES 🖂 USe this certificate 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) j OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year di di (If either, natify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State Dept City or Town While Not while at work O FUNERAL DIRECTOR: After Teb . 19<u>68</u>, that (I) (we) last 19.68___, ta_ 22a. I certify that (I) (this haspital) attended the deceased from... May 18 Horse 26 19 68, and that in (my) food apinion death accurred on the date and haur and from the saw the deceased alive an filed with the causes stated above, (1) (we) (did) (didnet) view the bady after death. 22b SIGNATU 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR May 18_ 1968 director, page shauld be filed B 22d. PHYSICIAN 22a. ADDRESS W Coleman 9241 Columbia Blud. Silver Spring. James R.

30M REV

24 FUNERAL DIRECTOR Pumphrey Inc. 8434 Georgia Ave.

23o BUR AL CREMATION

23b DATE

Carten

23c NAME OF CEMETERY OR CREMATORY A Cedar Hill Cemetery

250 REC'D BY REGISTRAR DATE

5.5.

Suitland

23d LOCAT ON (City or Town)

County

2b. HOUR

IF UNDER 24 HRS

HOURS

12b KIND OF BUSINESS OR

Kattertu

BETWEEN ONSET AND CEATH

Stote

IF UNDER I YEAR

MONTHS

25b REGISTRAR S SIGNATURE



0723#

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

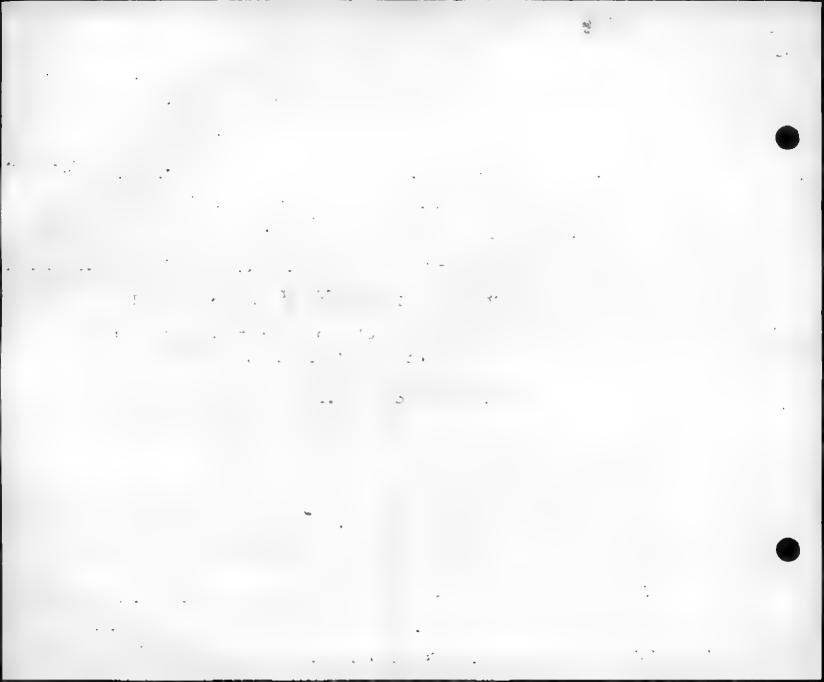
	ECEASED NAME Type ar print)	First		Middle		Last		2a 1	DATE OF DEATE	lanth Day	v Year	2b HOUR
	* * *	Elsi	The second second	e,	(julli	III.		MA	7 - 5 /	1968 IF UNDER I YEAR	F JNDER 24 HRS.
3. SE	FERIAL	Ç.	4. RACE	ucasian	,	S. DATE OF E	18 /14			GE (In years outpday) YRS	MONTHS DAYS	
caul	BIRTHPLACE (State ntry)	4 4	7b. CITIZEN OF WI			ED NEVER MA			NTY OF DEAT			
6	DISTRICT	efCol.	7.5		WIDOW		RCED [Som E. H	Α.	Md
	CITY OR TOWN OF		alve !	AME OF HOSPITAL OR IN: street address) (a/y (2033	,					of wark dane venuficethed)	INDUSTRY H Gene	Cy Surpl
13a.			ed lived, if institut	ian Residence before	13c. (17Y	OR TOWN	13d INSIDE CITY	LIMITS?	13e STREET A			Glud.
14	FATHER S NAME	First	Middle	last Palle		IS MOTHER'S N	MAIDEN NAME	First		Middle		ltein
		arles	L.				1 / Well	1				
	. WAS DECEASED EV les, na, ar unknawn		ED FORCES? or or dates of service)	219-36-8		7 INFORMANT Charles	A. Gu	lli	9412 (Address olesvil	le Rd.,	5.5.Md
	18 CAUSE OF D	EATH (Enter an	y ane cause per li	ne fac (n) (n) and (c)	è a T T	'n + n n a +	ion				D. (COM.) (COM.)	XIMATE INTERVAL ONSET AND DEATH
	PART 1 DEA	TH WAS CAUSED	TE CAUSE (a)	en lo Cardo rteriosc	iero	Pienes	rtbis	eas	eMani	festly	4	
	410	-1	DUE TO, OR /	AS A CONSEQUENCE OF		_						
	Conditions, if an		(b) T]	hromboti	c0cc	lusion	OfRt&	LtC	orona	ryArte	eries	
	stating the und		DUE TO, OR	CATEMYOC CATEMYOC	ardi	alInfa	rctio	n				
	_	IGNIE CANT COL	(c)	TING TO DEATH BUT N				_	ON GIVEN IN P	ART I(a)		
_	TAKE 2 OTHER 2		_	ry Intar				(0)	017 017 117 117 1			
CATTON	19a. DATE OF OPE	_		ICH OPERATION WAS PE		20a AUT	OPSY?		20b IF YES, 1	WERE FINDINGS (CONSIDERED IN	CERTIFYING
CERTIFICAT	ACCIDENT I	(AC PINIDED) VIA	0 (0)4 7:047 0	F IAAU IDW	l e t	YES						
-	21a ACCIDENT V	CAUSE OF DEAT	HOUR A.M.	Manth Day Year								
MEDICAL	(If either, natify 21d INJURY OCC	URRED 21e.		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC		LOCATION Stre	et ar R.F.D. No	a	City or To	wn	County	State
	While Nat wat work at work	ark 🗀				c. 1			ta		/	
	22o. I certify	that (I) (th	s haspitel) att	ended the deceas	ed fram	Seft.	20, 19-	58	to MA	467, 19	tha	t (I) (we) las
	saw the	deceased a tated abave	(I) (we) (did)	(ded the view the	bady off	er death.	ny) (our) ap	olnion (leath accur	ed on the do	ote and houl	and from the
	226 SIGNATURE CULT MODEGREE ATTENDING DE MED. STAFF 1220 DATE SIGNED 220 DATE SIGNED 15 /29/68											
	22d PHYSICIAN'S NAME (Type	John !	Cura	100		22e. AD	DRESS		0	CCM	1	7
230	BURIAL CREMATI		AYF		(EMETERY	OR CREMATORY			LOCATION (CI		(County)	(State)
230	REMOXAL (Sperify		ie 1, 196	58 Mt.	Olive	k Cemet			Washi	naton	20	(3.0.0)
	JAINEDY DISTELLO	*MAge	0	ADDRESS		((**	2Sa RECD		5 196	Sh REGISTRAR	SIGNATURE	udge
1	Warner E	a Pumpl	reu. Inc	2. 8434 G	a. Hu	6.6.6.	1/ fide J	UN	्र ।व्	N /		77

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled area the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Dept of Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital ar attituding physician. VR 35.(4) 30M REV 178

or of the funeral rs. Pages 1 and 2

after delat

THE HOLFITHL OR ATTENDING PHYSICIAN; The law requires that the death certificate be exeruted within 24 hours



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME DEP First M.dale 2a DATE KNOWN Manth (Type or Print) ESTI DEATH MATED A RACE IF UNDER 1 YEAR IF JNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH AGE (In years 2d. HOUR puo P.M3. iast birthday) HOURS Manth YRS 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF BEATH form Poges 1, WIDOWED D VORCED nontgomERG mARyland 10 COLY OR FEWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hosp to 12a LSUAL OCCUPATION (Kind of work-done 126 KIND OF BUSINESS OR during mast of working I fe, even if ret red) INDUSTRY Give ·USTUCIAN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN Kockulle NO hours lond 2 in Item ofter 14. FATHER'S ANAME IS MOTHER'S MAIDEN NAME First Lost hours Examiner's poges 17 INFORMANT **ADDRESS** be executed within pencil (Yes, na. ar unknown) File ⊆ APPROX-MATE INTERVAL Within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) orworded to the Chief Medical burial-transit permit PART I DEATH WAS CAUSED BY Udder pending IMMED ATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave) Auto Accident rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .≘ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) \Box removal, nsed 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 ALTOPSY? WAS PERFORMED? YES 5Z certif cate, NO 🗀 pe 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 3 should PRIMARY OR CONTR BUTING This Car Struck Utility Pola 21e PLACE OF IN.URY (At hame, form, street, factory, affice building, etc.) 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County ago Nacaudiust Washington Grove Mont-Route 12 Page HIGHWS AT WORK* 22a I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection 🔽 Inquiry 📝 , and in my apinian Suicide . death resulted fram: Natural causes Accident . Hamicide be retained Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED funerof FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** moy NAME (Type) ADDRESS(Street, city, town or county) 0 23a BUR AL CREMAT ON. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) DIRECTOR 2So RECD BY REG STRAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH 1. DECEASED NAME First Inst 2b HOUR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after leath. and (Type or print) WALL FEORGIA IF UNDER 1 YEAR 3 SEX S. DATE OF BIRTH IF UNDER 24 HRS 6 AGE (In veors last birthday) MONTHS DAYS HOURS 1892 FEMALL APRIL 24 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or fore an 8. MARRIED NEVER MARRIED country) WIDOWED IX DIVORCED [MONTGOMERY U.SH MICHIGAN 1. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USBAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street address) CHEVY CHASC during mos during most of warking life, even if retired) SILVER SPRING campletely remave carbo 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence befage 13c CITY OR TOWN 13d. PHS: DE CITY LIMPTS? 13e STREET AND NUMBER 13b. COUNTY admission) STATE YES X NO 324 LYMMONT TINCE GEORGE ADELPH 1 MARYLAND and in any 14 FATHERS NAME Middle 15 MOTHER'S MAIDEN NAME First physician c 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na. ar unknown) (If yes give war or dates of service) burial, crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE (AUSE (g) DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 as the 19g, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Ds AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO | YES 🔲 216 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 216 TIME OF INJURY be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 2) B PLACE OF INJURY / AT HOME, FARM, STREET FACTORY, 1 211 LOCATION Street of R.F.D. No. 21d MJURY OCCURRED County State City or Town While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 22 2, 19-1, ta 22, 19-1, that (I) (we) last saw the deceased alive an 22, 19-1, and that in (my) (aur) apinion death accurred an the date and haur and from the FUNERAL DIRECTOR: causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHY5 PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o BURIAL, CREMATION 236 DATE (County) REMOVAL (Specify) 5/25/68 WhiteChapel Cemetery Troy Oakland 0 Mich. 2Sq. REC'D BY REGISTRAR REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Hyattsville, Maryland DATE F. Gasch's Sons



FUR STATE HEALTH DEPT.

ny delay is

1 of 12 with the State Depa necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm 5 may be retained far yaur files.

DICAL EXAMINER: This certificate shauld be executed within 24 hours after death

TO DEPUTY

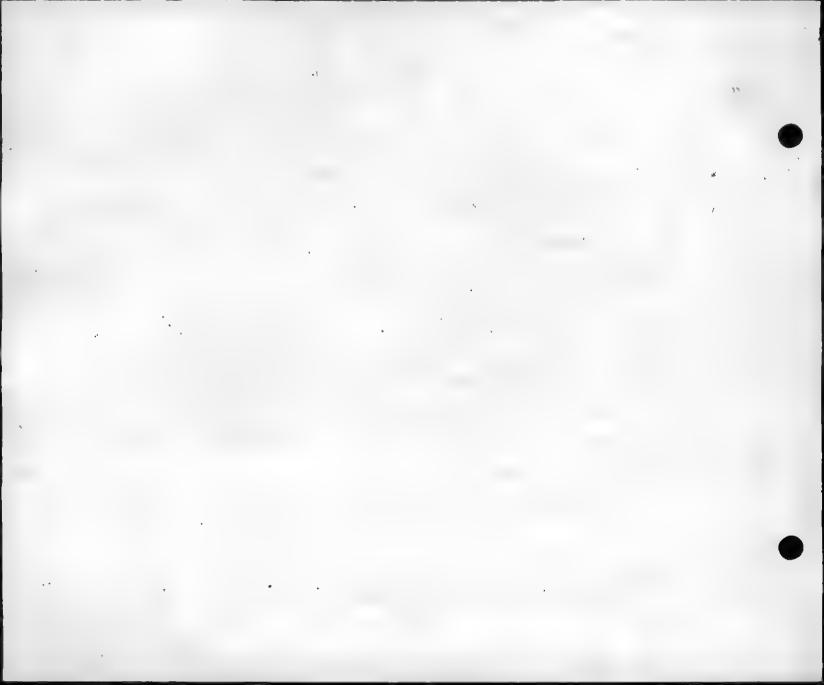
VR A15ME (5)

the death. Health prior to burial, cremation, ar removal, and in any event within 72 haurs.

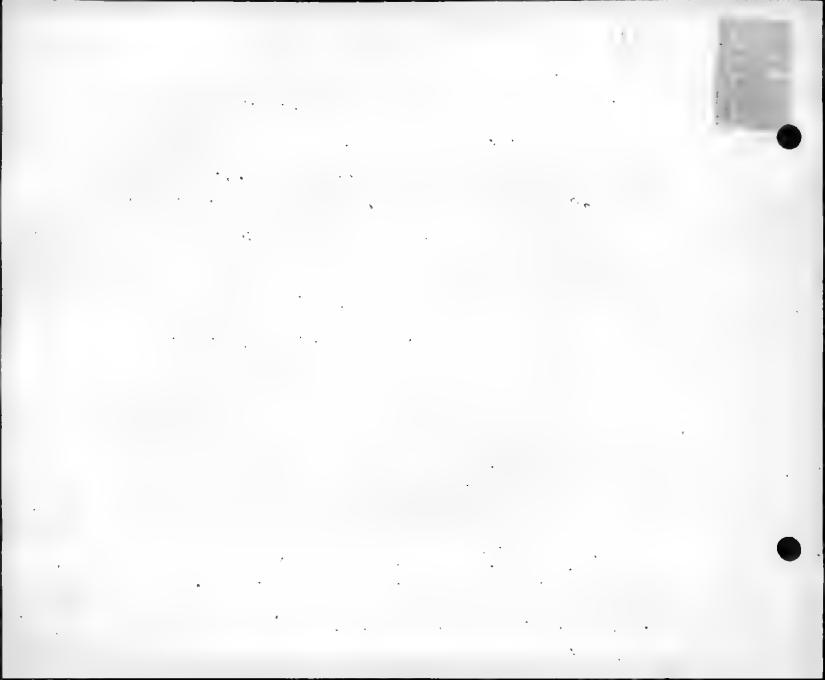
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

* M

	ECEASED-NAME	Fir	t	M.ddle			Lost				KNOWN	Mont	h Doy	Yeor	2b HOUR
(Type or Print)	MAR	GARET	RUT	H]	HALL			OF D£ATr	ESTI- MATED	5	31	168	4PM M
3 5	EX	4 RACE	5 DATE OF BIR	eth 6	AGE (in years		R 1 YEAR	IF UNDER		2c DATE	PRONOLING				2d HOUR
F	emale	White	11/2/0)3	lost birthday) 64 YRS	MONTHS	DAYS	HOURS	Min	Man	th May	Day	31 Y	fear 19 68	4PM M
	BIRTHPLACE (Sto	te or foreign	76 CITIZEN OF WH	IAT COUNTRY?	B MA	ARRIED []	IEVER MAI	RRIED 🗌	9 COUN	ITY OF D	EATH				
เดเก	my Mary	1and	USA		WID	OWED X	DIAO	RCED	M n	t gom	ery				Md
10 C	ITY OR TOWN (DE DEATH	11 N	AME OF HOSPITAL C	R INSTITUT O	N (finatin	hospital				(Kind of w			KIND OF BUS	NESS OR
	eaton		give :	street address Ho1	y Cros	ss Ho	sp.	He	ouser	wife			, ,,,,,,,	2161	
130	USUAL RESIDER	ICE (Where decad	osed lived, if instit.	ition Residence be				d. INSIDE CITY I			ET AND NU		900		
-		Marylan				Lcott				12/	Britt		Dr.		
[4 F	ATHER S NAME	First	M ddle	L	ast	15 MOTE	ER'S MAII	DEN NAME	Frst			liddle		Last	
1.1	Deceased a	UNKN		1	m.,,,,		A LIT AM	001	16,	You	NA				
()	es, no, or unkno	VERINUS ARMED wn) (fyesgiv	e war or dates of service)	16b. SOCIAL SECURI	1	17. INFORM		_			ADDR		2 s		
N					7	Doris	Palr	ner	12.7	Bri	ttany	Rd.	ETI	icott APPROXIMATE	C. T.V
	18. CAUSE O	F DEATH (Enter a DEATH WAS CAUS	nly one couse per l	ne for (a) (b) and	(1) V	4 10	1 111	1 1	m	1.				BETWEEN ONSET	
			IATE CAUSE (a)	(cure	, 0	401	464	4-0	11/1	up.	TELL	ler	NC4		
	Conditions of	any, which gave		AS A CONSEQUENC	E OF	1000	-11	- 7	Lea	3 X4	1	100	1	2	
	rise to +mme	diate cause (a),	(b).	AS A CONSEQUENC	F OF		-CL	C /	,	<u></u>	704	122	ge ve	49	
	stating the u	nderlying cause	001 10, 01	. AS A CONSEQUENC											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)														
	4														
CERTIFICAT ON	190. DATE OF	OPERATION		19b. COND.T.ON FO		ERAT ON								20. AUTOPSY	?
읦				WAS PERFORI	MED?									YES 🗀	NO X
	21g EXTERNAL			INJURY Month, Day	Year	21c. HOW I	NJURY OC	CURRED (En	iter nature	of mur	y in Port 1	or Part 2	, tem 18)	
MEDICAL	CAUSE OF DEA		P	M.	19										
ME	2 d NuuRY O		PLACE OF INJURY (At hame, farm, stre	et,	21f LOCATIO	ON Street	arRFD No		Cty	or Tawn		(au	unty	State
	AT WORK	AT WORK	aciory, office bollon	ig, etc.)											
	220.	certify that I	tack charge of t	he remains desc	ribea aboy	he.d a	n Auto	psy 🔲,	Insp	pert on		nquiry	X	ond in m	y apınıan
	death r	esulted from	Natural cau	ses Atqu	dent ,	Suicide	<u></u>	Homicid	de 🔲,	Unde	etermined	monni	er 🗌		
		117	M	21/	, ,		CHIE	EF MEDICAL	EXAMINE	₹ 🔲					
	ACTUAL SIGNATURE	120	den	Solle	0-1	<u> </u>	LD. ASS	ISTANT MED	ICAL EXAM	AINER [22b. DA	ATE SIGNE	D	
	EXAMINER'S NAME (Type		DEN /	CX	FAI	DM.	A 4	UTY MEDIC	EXAMIN	P PLP	inty)	TAY	13	31,1	168
230	BURIAL CREM	ATION 23t	DATE	23c. NAME	OF CEME ER	OR CREM	ATORY		23d	LOCATIO	N (City ar To	own)	(Caun	ity) (S	tate)
	REMOVAL (Spe		-4-68	POP	lar S	PRI	may 5		To	PI.	AR S	P	Hou	anned	md
24.	FUNERAL DIREC		for an		DORESS		-	2So REC'I					R'S SIGNA		
	When R	Stark	E1/10	olt 65	120	1.		DATE JU	JN	6 18	96B	ycu	ionla	or fred	45.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 37249 1. DECEASED-NAME First Middle. 2a. DATE OF DEATH 2b. HOUR deoth. requires that the death certificate be executed within 24 hours ofter death. (Type or pnnt) THOMAS 6. AGE (In years IF UNDER I YEAR 3 SEX 4 RACE S DATE OF BIRTH HOURS 11-10-1872 last birthgay) 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED WIDOWED D DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) COLONIAL VILLA 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (Needuring most of working life, even if retired) INDUSTRY NURSING HOME N. HAMPSHIRE 13a, USUAL RESIDENCE (Where deceased lived of institution; Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE BROOK in any (14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last JOHN HALL SNOWDEL ond 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ** Then ding ** Ilys c permit. Then ple ion, or removal, o (If yes give war or dates of service) Yes, no, or unknown) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF t) e signed by the burial-transit p Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to t offending haad IIIIh **ATTENDING PHYSICIAN: The law** 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🔲 use O FUNDING MINICTOR: After this certificate by the hospitol or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ģ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. be detoched f State Dept. of 1 of (If either, not'fy medical examiner) 218 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 214. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County While Mot while of work at work 220. I certify that (I) (this hospital) attended the deceased from Jan Page 4 moy be retained director, page 3 should should be filed with the 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22e ADDRESS 22d. PHYS!CIAN'S Catroll Ave Takoma NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION reel VR A15 (4)3 30M REV 1/68



DECEASED-NAME

(Type or print)

10 CITY OR TOWN OF DEATH

Yes, no, ar unknown)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH	•	.111
iost PAMACIAM	2a. DATE OF DEATH Month Day Year	2b. HQUI
S DATE OF BIRTH	O. NOL (III Jeors	F UNDER 24 HI

9. COUNTY OF DEATH

o. sen	1. 10000	3 DAIL C
male	white	81
7a BIRTHPLACE (State or foreign country) Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER WIDOWED D
IR COLVED TO HOUSE OF VELLEY	11 NAME OF HOSPITAL OR	INICTITUTION (If not a boson

Middle

H.

IF WHAT COUNTRY	MARRIED NEVER MARRIE	
SAL	WIDOWED DIVORCED	
11 NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital	12a

13c CITY OR TOWN

Silver

C		montamies.	
1	12a JSU during m	AL OCCUPATION (Kind of work done bost of working life, even if retired)	1

rking life, even if retired.	Auto B	du
3e. STREET AND NUMBER	,	
03 1 Ba	. 11.0	12:

nzsidu)		mA.	deceased	13b COUNT	Y
FATHER '	S NAME	First		Middl	e /

(fives give war or dates at service)

Last Hansoen 16b. SOCIAL SECURITY NO

17 INFORMANT

MOTHER'S MAIDEN NAME First

Sheehan Address Kanagan-8710 Bredford Rd.S

BETWEEN ONSET AND DEATH

Last

25 KIND OF BUSINESS OR

ı	10.	CWOSE							028 h
ı		PART	I D	HTA3	WAS	€AU	ISED 8	Υ.	
ı					1.	MME	DIATE	CAUSE	(a)
		16	灵	. 1				DUE	10,
ı	Can	distant	16.		وأمثول	-	10.3		

160. WAS DECEASED EVER IN J.S. ARMED FORCES?

793-05-1493

line for (a) (b) and (c)

give street address) n Residence before

DUE TO, OR AS A CONSEQUENCE OF

13d. INSIDE CITY LIMITS? NO [

slaus

rise to 'mmed ate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED

					-1-1			
ľ	20a. AUTOPSY?	20b	IF YE	S. WERE	FINDINGS	CONSIDERED	IN	CERTIF

ln	ACCIDENT	WAS	IINDERLYING	[21h	TIME OF	INITIA

CAUSES OF DEATH? YES 🗀 NO 🐷 27c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

210 ACCIDENT WAS UNDERLYING	21b TIME OF	INJURY
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Month
(If either, natify medical examiner)	P.M.	

23b DATE

Doy Year 21e PLACE OF INJURY

(AT HOME, FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No.

ATTENDING

22a, ADDRESS

PHYS

County Stote

21d INJURY OCCURRED While Not while at work

22a I certify that (I) (this hospital) attended the deceased from 3-9, 19, 68, ta May 6, 19, 68, that (I) (we) last saw the deceased alive an 19, 5, and that in (my) (our) opinion death accurred an the date and haur and from the

causes stated abave, (1) (and (did not) view the bady after death.

DEGREE

DIRECTOR

1260 Carkland Drive R

Erty or Town

22c DATE SIGNED

22b.	SIGNATURE
22d.	PHYSICIAN'S

230. BURIAL, CREMATION,

NAME (Type) Michael

R. Dobnidge

23c NAME OF CEMETERY OR CREMATORY Porklaum Cemetery

23d LOCATION (City or Town) Rockville

(County) (State) Montcomeru

O FUNERAL DIRECTOR: After this certificate has been

director, poge 3 should be filed v REMOYAL (Specify) 24. FUNERAL DIRECTOR

8434 Georgia Ave.

250 REC'D BY REGISTRAR 9

256 REGISTRARS SIGNATURE

VR A15 (4) 30M REV. 1/68

physicion and completely filled in by the fureration please remove carbon papers. Pages I and oval, and in any event, within 72 hours after deet

buriol, cremation, ar remova signed by the ottending

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detoched for

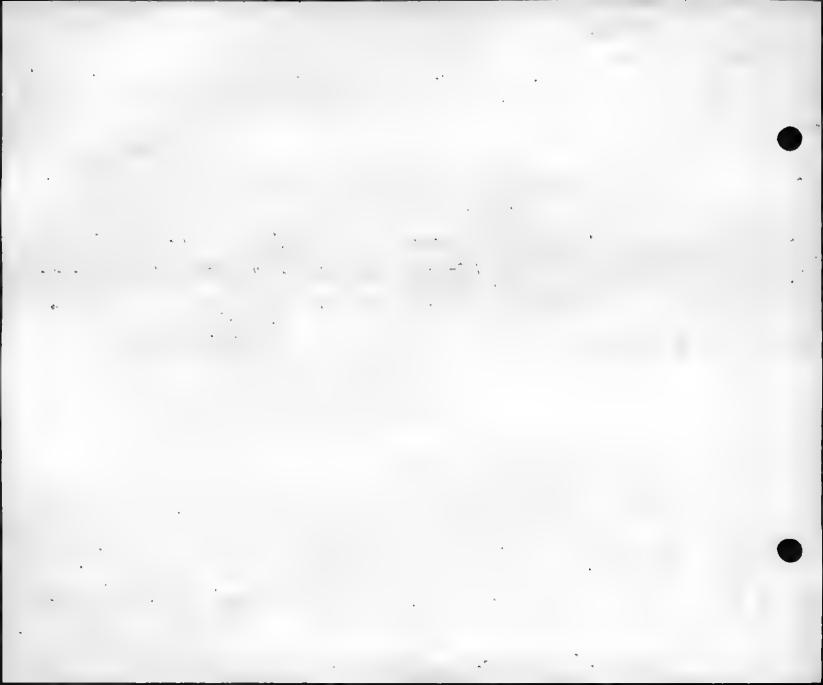
shoufd

be retoined by the hospitol or

Poge 4 moy

CERTIFICATION

law remuires that the death certificate be executed within 24 hours after





.7046

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers <u>Pages</u> should be filed with the State Dept of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

J725%

1									
	Type or print)	1/	Middle	lost -	2a. DATE OF DEATH	Day Year _ / 2b. HC			
	200	in /50	2./ Sofa	H00115	7 / Ten	6 196867			
1. 3	£X /	4. RACE	. /	S. DATE OF BIRTH	6 AGE (n. wears	IF UNDER TYEAR IF UNDER 24 MONTHS DAYS HOURS			
•	mare	When	te .	4/8/1	700 68	YRS			
	BIRTHPLACE (State ar fareign	76 CITIZEN OF WHAT C		RIED KNEVER MARRIED	9 COUNTY OF DEATH				
	LIIMCIS		. //.	WED DIVORCED	Mornga				
10.	CITY OF TOWN OF PEATH	nive street		N (It not us haspital 120 U during	SUAL OCCUPATION (Knot of work of work of working the, even if return	ed.) INDUSTRY			
	USUAL RESIDENCE (Where dece		Res dence before 13c 6		TY LIM TS? 13e. STREET AND NUMBE				
odr	oission) STATE	13b. COUNTY	M. Co. 10	Mother Is	NO 10902-K	enit worth			
14	FATHER'S NAME / First /	Middle	Lost	IS. MOTHER'S MAIDEN NAM	E First Midd	lle Lost			
	11/60	MET	7-12-115	71/24/	12/1/201				
		RMED FORCES? [6b	SOCIAL SECURITY NO	17. INFORMANT	Address Address	inc 25			
	Yes, na, or unknown) (if yes giv	V.T + Wallow	112-06-340	Lettie E.	HZ-1151 2	boules.			
	CAUSE OF DEATH (Enter	anly one buse per up to	ır (a), (b), ond (c))			APPROX MATE INTERVA BETWEEN ONSET AND OF			
	PART 1 DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	Cirrhos	is, Laennec's		Years			
	1.0	DUE TO, OR AS A	CONSEQUENCE OF						
	Canditions, if any, which gov	0)							
	rise to immediate cause (a) stating the underlying cause	DUC TO OD 40 4	CONSEQUENCE OF			Ť			
	lost	(c)							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
z	Bronchopneumonia, congestion and edema, pulmonary								
FICATION	190 DATE OF OPERATION 19	6 CONDITION FOR WHICH C	OPERATION WAS PERFORME	D 200 AUTOPSY?	20b IF YES, WERE FINDS CAUSES OF DEATH?	NGS CONSIDERED IN CERTIFYING			
ZIEE				YES, NO	CAUSES OF DEATH!				
I CERTI				PIC HOW INJURY OCCURRED (E	nter nature of in any in Part 1 or Pa	art 2, Item 18)			
MEDICAL	OR CONTRIBUTING CAUSE OF D		lanth Day Year						
ME	21d NJJRY OCCURRED 21 While Nat while at work	e PLACE OF INJURY (AT F	HOME, FARM, STREET, FACTORY)	21f LOCATION Street or R.F.D.	Na City or Town	County Sto			
	22a. I certify that (12)	this hospital) attend	ed the deceased from	m 5~1-68,19	, to 57- 6- 6	519, that 🎒 (we			
	22a. I certify that (I (this hospital) attended the deceased from								
	22b. SIGNATURE	\			MED STAFF	22c DATE SIGNED			
		+ m.tche	na m'n	DEGREE PHYS	DIRECTOR PHYS	2-1-68			
	22d. PHYSICIAN'S NAME (Type) Ear:	H. Mitchel	11		029 Q St. N.W.				
	HAME (Type)				ngton, D.C.				
23		DATE	23c. NAME OF CEMETER		23d. LOCATION (City or Town)	1 //			
		5/11/68	Ft. Linco		Prince George				
Ť,	Son Wheeler F	meral Home.	-1331 DRockvi	lle Pike 250 REC	D BY REGISTRAR 1989 REG S	RAD SIGNATURE Queda			
	MARON	whele	Rockville,	d DATE 72	tis 7288	00			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME Eirst Middle 2a DATE OF DEATH 2ь. Ноці 24 haurs after Beath. (Type or print) 6 A2F (In years last birthopy) 4. RACE S. DATE OF BIRTH IF JNDER I YEAR IF UNDER 24 HRS SEX MONTHS HOURS 9 COUNTY OF DEATH 7a BIRTHPLACE (State at fareign 76 CITIZEN OF WHAT COUNTRY? B MARRIED IL NEVER MARRIED WIDOWED [D.VORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR requires that the death certificate be exacuted within give Greet address during mast at warking life, even if retired HINTE ! carbon me. OUSC WIT 13a SUAL RESIDENCE/Where deceased lived, if institution Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? NO X remave and in any 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME First Last and 16b. SOCTAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give wor or dates of service) Yes, na, ar unknawn) signed by the attending physic burial-transit permit. Then plo burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: _IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying causes Landes inscular PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? Heolth YES 🗀 NO N TO FUNERAL DIRECTOR: After this certificate by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street of R.F.D. No. State City or Town County While Not while at work 220. I certify that (I) (this haspital) attended the deceased from 1942, 1942, to 1944, 1947, that (I) (we) lost 19 and that in (my) (our) apinion death accurred on the date and have and from the sow the deceased alive on 5.44 be retained causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. director, page 3 should be filed v DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL(Specify) 1968 Mt. Olivet Frederick Frederick. 2Sb. REGISTRAR'S SIGNATURE-24. FUNERAL DIRECTOR **ADDRESS** 25a, REC'D BY REGISTRAR JOM REV NIGH 1968 Francis H. Barber Laytonsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH Middle Lost 2b. HOUR Month ES F JNDER 1 YEAR IF UNDER 24 HRS 9 DATE OF BIRTH 6 AGE (in years lost birthdoy) MONTHS HOURS 75 WHITE 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED DIVORCED [WIDOWED X Montgomer 120 USUAL OCCUPAT ON (Kind of work done . 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during ment of working life, even it audi) 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13b COUNTY IS MOTHER'S MAIDEN NAME First Middle Lost UNTINDEUN 16b SOCIAL SECURITY NO 17. INFORMANT 578-36-5167 BETWEEN ONSET AND DEATH

2So. REC'D BY REG STRAR

County

(County)

State

DECEASED-NAME First (Type or print) HOMA5 4. RACE 3 SEX MALE 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (State or foreign country) 15502117 IO CITY OR TOWN OF DEATH BETHESDA 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? [Lyas give war or dates of service] CAUSE OF DEATH (Enter only one coose per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 19b CONDIT ON FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES [NO DO 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 215 TIME OF INJRY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, not fy medical examiner) 21d. NJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 215 LOCATION Street or R F D. No. City or Town OFFICE BUILDING ETC While hat while to 1963, to Man 14, 1968, that (1) (we) last 22a I certify that (i) (this haspital) attended the deceased from may 3 1960, and that in (my) (our) apinion death accurred an the date and hour and from the saw the deceased at ve an.... causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22e ADDRESS 22d PHYSICIAN'S NAME (Type) J. RICHARDS SUBJEBAN ENWARD 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY LINGTON MEIM.

TO FUNERAL DIRECTOR: After VR A15 (4)

director, page 3 shauld should be filed with the

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signed by the bur of-tronsit p buriof, cremati

when this certificate has been be detoched for use os the State Dept. of Health prior to

the

by the hospitol or attending physicion.

physicion and campletely filled en please remove carbon nane

requires that the death certificate be executed within

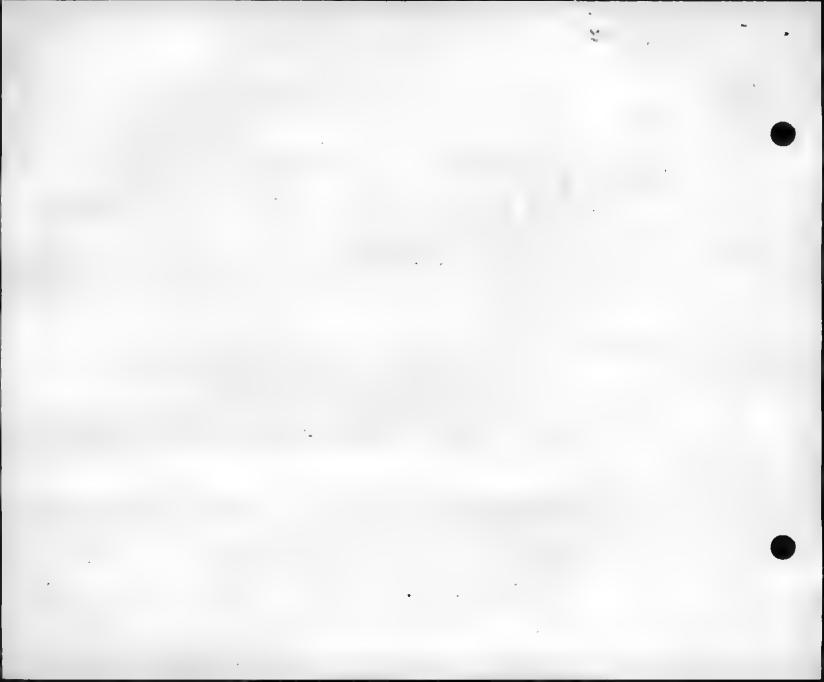
30M REV. 1768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. DECEASED-NAME 20 DATE OF DEATH 2b. HOUR (Type or print) 4 RACE 6 AGE in years IF LINDER 1 YEAR IF UNDER 24 HRS lost Kirthday) DAYS 9 COUNTY OF DEATH 7a. B RTHP_ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [WIDOWED [10 CITY OR TOWN OF DEATHU 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a JSUAL OCCUPATION (Kind of Fork done during most of working life, even if retired) 130. USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY-OR TOWN 25d INSIDE CITY LIMITS? 3e. STREET AND NUMBER 14 FATHER'S NAME Middle Last AS. MOTHER'S MAIDEN NAME First Miriam (Unknown) 16b. SOCIAC SECURITY NO 158-09-991 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. or unknown) CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: //Adenocarcinoma, Ampulla of Vate 2 years IMMEDIATE CAUSE (d) Canditions, If any, which gave) DUE TO, OR AS A CONSEQUENCE OF rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES 🚽 NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJRY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natrly medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21F LOCATION Street of R.F.D. No. City or Town County Stote While Not while at wark 22a | certify that () (this hospital) oftended the deceosed from 160 , 1966, ta 10Ay 3, 1966, that (1) (we) last saw the deceased at ve. sn 1968, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above (did) (did nat) view the body after death. 22h SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 5-13-68 DEGREE PHYS 8512 Old Georgetown Rd. 22e. ADDRESS NAME (Type) C. Myers. M. D. Bethesda, maryland 23d LOCAT ON (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Caunty) (State) 230. BURIAL, CREMATION 23b DATE Cremation Suitland, Maryland 5-15-68 Vedar Hill Crematory 24 F.INERAL DIRECTOR 250 REC D' BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE PUMPHRIY, Bethesda, Maryland DATE MAY

please remave carban papers physician and campletely filleds remuires that the dwath certificate be exacuted mithin 24 signed by the attending I bur'al-transit permit. The O FUNERAL DIRECTOR: After this certificate has been as the director, page 3 shauld should be filed with the



director, page should be filed Рад≡ 4 тау VR A15 (4) 30M REV, 1/68 22b SIGNATURE

22d. PHYSICIAN S NAME (Type)

230. BURIAL CREMATION.

be retained by the haspital ar attending physician.

ATTENDING PHYSICIAN:

requires that the death certificate be executed within 21 haurs after leath

MOVAL (Specify) 24. FUNERAL DIRECTOR

NAME OF CEMETERY OR CREMATORY (Que

MED DIRECTOR

ATTENDING

22e. ADDRESS

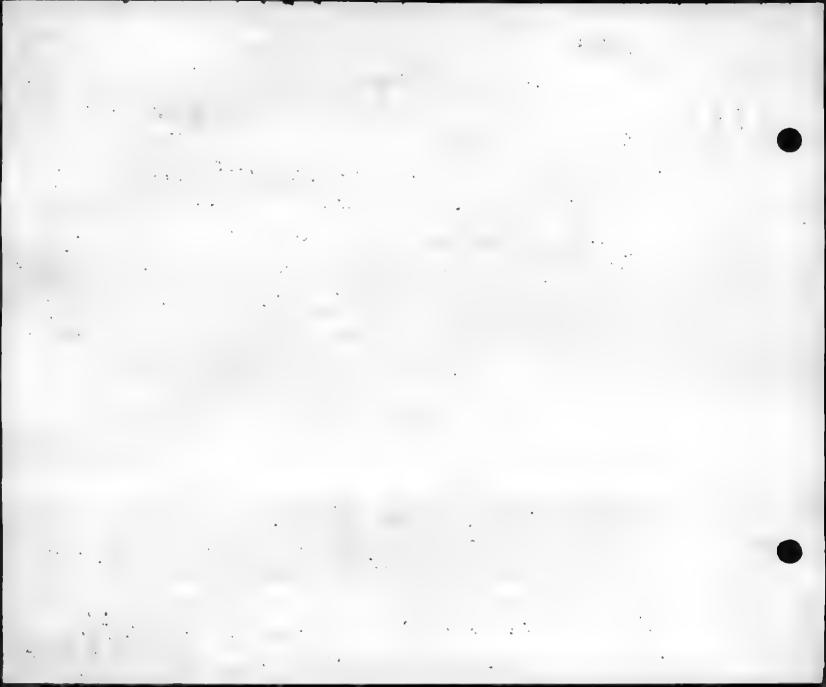
PHYS.

23d LOCATION (City or Town) BY REGISTRAR 1968

STAFF PHYS

(County) (State)

22c DATE SIGNED



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		,	
CERT	IFICATE	OF DEATH	

				CENTITION	IL OI PLAIN						
	COTTOCK TOTAL	First	Middle		Last	2o. DATI	E OF DEATH		u	2b HOUA	
(1	ype or pnn1) JE:	NNIE	OL C	, HI	EFTY		May 24	Doy	968	10:25 #	
3 5	X	4 RACE		15	DATE OF BIRTH		6. AGE (In years	IF U	NDER 1 YEAR	EF UNDER 24 HRS	
	Female	Cau	c.		July 4, 18		lost birthdoy) 94	YRS MDN	THS DAYS	HDURS MIN.	
	BIRTHPLACE (State ar foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED		OF DEATH				
LOU	Oregon	U.	S.	WIDOWED N	DIVORCED [Mon	tgomery			Md	
	ITY OR TOWN OF DEATH	11 1	AME OF HOSPITAL OR IN	IST TJTION (If nat	en haspital 120 USU		ITON (Kind of work d		2b. KIND OF	BUSINESS OR	
_	ensington				rsingHome"						
	USUAL RESIDENCE (Where de ission) STATE Marv		nt comerv				907 Wood	bin	e Str	reet	
14.	FATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAME	First	Midd	le		Last	
		ck K. Cr	awford		Emma	HA	NNA				
		and the second state of the second	16b. SOCIAL SECURITY		ORMANI Daught		- Same	s as	Item	n 13.	
=	No				COLECTER 1	201102	C.y		APPROXI	MATE INTERVAL	
	18 CAUSE OF DEATH (Enter PART 1 DEATH WAS CA	er only ane cause per l AUSED BY.	line for (a), (b), and (c	1000						INSET AND OEATH	
	IMA	MEDIATE CAUSE (o)	Aspirat				-		2 700	3004-	
	Conditions of any which a		AS A CONSEQUENCE OF	L D. L	14.10 S = 90.44	CIC			9	211	
	rise to immediate cause (a),((b)										
	lost. Dinbetes mellitus										
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION	GIVEN IN PART 1(a)				
z	11 ch	YOUIC F	3. onchi	tis							
AT IOI	19a, DATE OF OPERATION		HICH OPERATION WAS P		20a. AUTOPSY?		b. IF yes, were findi	IGS CONS	DERED IN C	ERTIFYING	
CERTIFICATION					YES NO	g CA	AUSES OF DEATH?				
	210 ACCIDENT WAS UNDER			21c HOV	V INJURY OCCURRED (Ent	er noture of	injury in Port 1 or Po	rt 2, Item	18.)		
MEDICAL	OR CONTRIBUTING CAUSE D			9							
AFD.	21d IN.JRY OCCURRED		(AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.		ATION Street or R.F.D. No).	City or Town	(ounty	State	
	at work of wark										
	22a I certify that (I) saw the decease	(this hospital) at	tended the deceas	sed from As	١٩٠١٥ , ١٩	a'L, to	MAY24	, 19.6	, that	(I) (we) los	
	saw the decease	d alive an Mi	14 23	19 68, ond	that in (my) (our) op	inion dea	ith occurred on th	e date	and haur	ond from the	
		pove, (I) (we) (did) (ald not) view the	bady offer de	earn			00 h - 7	COULD		
	226. SIGNATURE	1000000	alalais	nrane	ATTENDING PHYS	MED	STAFF -	Marz	24,1	968	
	TAHN	my MAN S	THE PROPERTY	DEGRE	PHYS 22e ADDRESS 82	DIRECTOR	PHYS.			.,00	
	22d. PHYSICIAN'S NAME (Type) S	TANLEY M	. BIALEK				da. Marv		-		
				COLUMN CO. C						151-1-1	
230	BURIAL, CREMATION, REMOVAL (Spec fy) Cremation	23b DATE 5/24/6	279 1	CEMETERY OR C	Crematory	S	(ATION (Lify or Town)	Pr.		(State) Md	
24	FUNERAL DIRECTOR		ADDRES		2So. REC'D			-4.4			
	Robert A	Pumphrey	7557 Wi	sconsi	n Ave DATE J	JN 4	1968 /	Clas	y our	udge.	
-			Bethesd	a. Md							

CV hours ofter deoth. after deoth. and Funeroi TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled a director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon-papers and the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 78. TO HOSPITAL OR ATTENDING PHYSICIAL: The low requires that the death certificate be executed within Page 4 may be retained by the haspital or ottending physicion. 30M REV 168



FOR STATE HEALTH DEPT.

ny delay and Pages land2 tem | Examiner s pages This certificate should be executed within pencil writing the ward 3 should the funeral directar. 5 may O FUNE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME 20 DATE KNOWN Month (Type or Print) ESTI-DEATH MATED 4 RACE IF LINDER 24 HRS. S DATE OF BIRTH MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED [10. C TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (f not in haspital 12a. USUAL OCCUPATION Kind of work dane 12b KIND OF BUSINESS OR during most of working (fe, even if retired.) 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CPT/OR/TOWN 13e STREET AND NUMBER 136 COUNTY 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME haurs **ADDRESS** (If yes give war or dates of service) 190-09-3/12 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .≘ PART 2 OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21 o. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CALISE OF DEATH 21d INJURY OCCURRED 21e PLACE OF NURY (At home, form, street, 21t LOCATION Street or R.F.D. No. City of Town factory, office building, etc.) AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy [7], Inspection-Natural causes Accident . Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b, DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, or county) 230 BURIAL CREMATION 23d LOCATION (City or Town) REMATOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

INDUSTRY

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

2D. AUTOPSY?

YES [

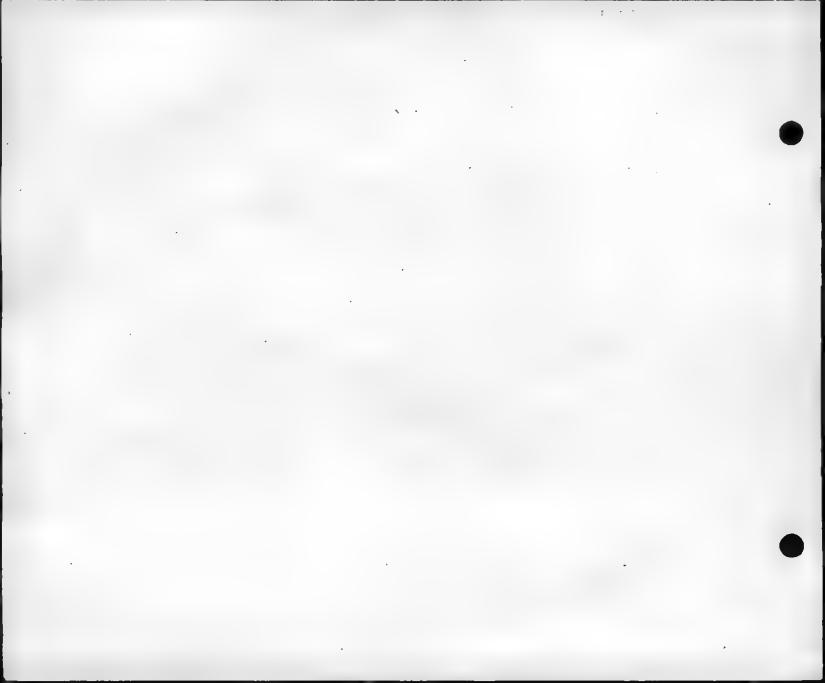
State

and in my apinian

County

(County)

VR A15ME (5)



the funeral airector. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm 5 may be retained for your files. Health prior to burial, cremotian, ar removal, and in any event within 72 hours after death

mecessary, glease execute the certificate, writing the word "pending" in pencil in Item 18. Givin Pages 1

DICAL EXAMINER: This certificate should be executed within 24 hours after death

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

RAPRICAL	EXAMINER'S	CEDTICICATE	OF DEATH
MINISH THE	EXTINITIES /	EFRIFILATE	UF UFAIR

	. DECEASED-NAME First (Type or Print)			Middle Las			OF ESTI-			Month Doy		2b HOUR
		Mary		Elizab.	eth_	Hesli			DEATH MATED DO	3-1	2 1962	
3 5		4 RACE	5 DATE OF BIR		E (In years birthday)	MONTHS DAYS	IF JNDER 24 HOURS	MIN 2c	DATE PRONOUNCED	DEAD	. 60	2d HOUR
	emale	caus.	3/23/1			2		MICT	Month -	2	Yeor 19 68	8 3
	BIRTHPLACE (Stat		76 CITIZEN OF WHI	AT COUNTRY?	8 M	ARRIED C NEVER MA	RRIED 🔲 🕴	9 COUNTY	OF DEATH			
coun	ny) New J	ersey	USA		WI	DOMED DIA	DRCED 🔲	Mont	gomery			Md.
1	ITY OR TOWN O			ME OF HOSP TAL OR I				JAL OCCUPA	ATTON (Kind of wor		KIND OF BUS	INESS OR
	ilver S			treet oddress) 128		-	IO	usewi	re	0.60	ISTRY HO	on F
13a.	USUAL RES DEN	CE (Where deced	sed lived, if institu	tian Residence befor	13c (I)	Y OR TOWN	3d INSIDE CITY LIM		STREET AND NUMB			
	omiss onj State	Maryla	nd 136 COUNTY M	lontgomery	Sil	verSpring	YES NO	<u> </u>	818 Bush	ey Driv	ve	
	ATHER'S NAME	First	Middle	Last		1S. MOTHER'S MA	IDEN NAME	First	Midd		Lost	
A	rthur F	lagg					R	ose		5	Seeley	
		YER IN U.S. ARMED		16b. SOCIAL SECURITY		17. INFORMANT			ADDRESS			
Į,	es, no, or unknov	VIT) (II yes giv	e war or dates of service)	136 143 5	11	Thomas H	eslin	1281	8 Bushey	Drive	S.S.	Md.
				Te for (a), (b) and (c))	4 \		2 ⁷ 79]	. 1		APPROXIMATE BETWEEN ONSET	
	PART I. I	DEATH WAS CAUSI	D BY ATE CAUSE (a)	Cabli	Int,	Tier	2 1	ue	to			
	1 %	2 X		AS A CONSEQUENCE O	F	A A						
	Canditions, if	any, which gave	1 "	16360	(///	Cation		int	6 00	ectri		
		liote cause (o), iderlying cause	D.IF TO 'OR	AS A CONSEQUENCE		<u> </u>	J. March			en oc		
	last	raeriying cause		Car 10								
	PART 2 OTHER	SIGNIFICANT COM	OITIONS CONTR R T	NG TO DEATH BUT NO	T DELATE	D TO THE TERMINAL I	DISEASE OF CO	NDIT ON CU	VEN IN DADY I(a)			
_	174 x			le pre			717277 06 0	וט אט וועווי	TEN IN PART I(U)			
NO TA	19a DATE OF (PERATION		19b CONDITION FOR	WHICH O	PERAT ON					20 AUTOPSY	?
CERTIFICAT				WAS PERFORMES	1?						YES 🗌	NO X
E E	210 EXTERNAL			N. RY Manth Doy, Ye	or	21c HOW UTJURYSO	CLURPED (Ente	r nove of	in Port 1 or	Part 2/stern 1	81- 6 Z	7-14
AEDICAL	CAUSE OF DEA	OR CONTRIBUTING	H8U8 A	5-12-19	68	/Since		~~	ture	De 2	The	0
W. Car	21d NJURY OC		PLACE OF INJURY (A	t home, form, street, g, etc.)		2 If LOCAT ON Street	or R F D No	200_C	City or Tawp		ynux	State
	AT WORK	OT WHILE TO THE	actory affice building	etc.)		Gilrere	7	Sil.	m Sin.	my	X	mil
			took charge of th	ne remoins describ	ed oho		nosv 🗆	Inspec	tion Inq	uir/ 🔽	ord in m	v nominn
		sulted from.	Natural caus			Suicide .			Undetermined m		3	y api-raii
					<i>y</i> L.		EF MEDICAL EX					
	ACTUAL SIGNATURE	Les	elen	Kill.	1	(-)	SISTANT MEDIC		iR	2b DATE SIGN	ED	
	EXAMINER'S	Br.	- 6	PER	D	DEI DEI	PUTY MEDICA.			31/2	19	18
220	NAME (Type) BURIAL, (REMA	/ ~ ~ ~ /	DATE	23c NAME OF	aston	RY OR CREMATORY	resignation	A. A. A.	or county) / / / / ATION (City or Town	1	7	
230	PEMOVA, 'Spec	ofy)	.						Arlington	,	11	tote)
24	FUNIRAL DIRECT		Jul 7, 196	77 - 2 - 7	EST C	COSS.	1250 PECD	BY PEGISTA	AP - 76h DE	KTI ADE UM	I. D. C.	12.
Wa	and the	pumphy	An total	ilver Spr	ing.	a. Avenue Md	DATE MA	Y 20	1968	Salation of the salation of th	0	

VR A15ME (5) 10M REV 1/68



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500 0	X 22.	1.1	-1-3 MOIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	6 1
FOR 3	ALE	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALIH	DEPI.	(ECEASED NAME First Middle cost 2a DATE KNOWN Manth Da	- 10000
lay is 1 3 to Page	(T.)	3. Si	X AREE S DATE OF BIRTH 6. AGE (In yours IF LINDER 1 YEAR FUNDER 24 HRS 2C. DATE PRONOUNCED DEAD	2 1900 7 PM
and ond	t t	3. 3	M 6-27-193 7 30 YRS MONTHS DAYS HOURS MIN MORTHS DAYS	Year 1968 930
2,2,9	Depa	7a	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED REVER MARRIED 9 COUNTY OF DEATH	, , , , , , , , , , , , , , , , , , ,
es L	a)	1/2	PASHINGTONA U.S.A WIDOWED DIVORCED MONTGOMERY	Md.
death e Pages with far	he Stat	_		KIND OF BUSINESS OR USTRY
after dea 8. Give Po along with	with the	13a	USLA. RESIDENCE (Where deceased I ved, it institut an Residence before 13% CITY OR TOWN 3d MISTER 13e STREET AND NUMBER Amissian) STATEMA. 13b. COMMONTAGENERY Selver Spring YES NO 7517 Blair	01 #7
v 0	~. 0	14 5	ATHER'S NAME First Middle Tost Is MOTHER'S MADEN NAME First Middle	4. /
24 haur n Item 's Office	s land?	14.		9 Pham
within 2 n pencil ii Examiner	pages hears		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 26CA HEYMAN WASLIN	GTON PA.
	ermit File w.thin 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY: Cunshot wound in left chest with massive	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
execute nding" Medical	permit t with		H MMEDIATE CAUSE (a)	
pen pen ief M	-transit pe ny event		Conditions, if ony, which gave) Conditions, if ony, which gave) Conditions of the consequence of the consequence of the conditions of	
Did Did	¥ >		rise to immediate cause (a), (
shaul ne wa ia the	urial In ar		lost. Hemothorax	
a = -	ond ond		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ertifica writing warded	n	NO	/ // Acute Depression	
s c e, 1	be used or	CENTIFICATION	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 ALTOPSY? YES NO
rtificat	19 p	1	21a EXTERNA. CALSE WAS PRIMARY TO OR CONTRIBUTING THOURAND STATE OF INJURY Month, Day Year PRIMARY TO OR CONTRIBUTING THOURAND STATE OF DEATH PM 5-12 19 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	in 1 t
INER P Ce Shau	tilles 3 sho atta	MEDICA,	CAOLOGEN	aunty State
XAM te th	yaur files. 'age 3 shau crematian,		WHITE NOT WHITE (factory, affice building, etc.)	onto M.
VI E	ZR: F		22a certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry	and in my apinian
Se es	ECT E		death resulted from Natura: causes 🔲 , Activent 🔲 Suicide 🔝 , Homicide 🔲 , Undetermined manner 🔲	1
plea:	kal biR prior to		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE SIGN	NED
O DEPUTY necessary, the funeral			EXAMINER'S DEPUTY MEDICAL EXAMINER OF	2 1968
ه ي م			NAME (Type)/ 26LDEN / 1549 M.D. ADDRESS (See Dycharty) or country)	7//00
7	20 =	230	BURIAL CREMATION, 236 DATE 230 NAME OF CENTTERY OR CREMATORY 23d .OCATION (CTY OF TOWN) (CO	Jiffy) (State)
			FUNERAL DIRECTOR ADDRESS ST. VINAY 1 5 1998 ADDRESS S.G. RECD BY REGISTRAR 256 REGISTRAR S.G.	ATURE
	A15ME (5)	V	V. ERNEST MARVIS (D. WASSINETTOWN DATE MAY 15 1998 " WAS	1 mage



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		00%00			(ERTIF	CATE OF D	EATH				, 4
-		CEASED-NAME	First		Middle		Last	20.	. DATE OF DEATH	d D-	. W	26 ношем
1	(1	ype or print)	eigh		Douglas		Hicks		. Mon 5	th Day	Year 196	8 1:15 M
Л	3. SE			4. RACE			S DATE OF BIRT	H	6 AGE	in years	F JADER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		Male		Cauc	:		23 Oct.	. 1929	38	rthdoy) YRS	MEMINS ON IS	AUGUS MIN.
	7o. I	IRTHPLACE (State of	foreign	76 CITIZEN OF WH	IAT COUNTRY?	8 MARRIE	NEVER MARRI	ED 9. CO	UNTY OF DEATH			
	caur	enk Mai	ne	USA		WIDOWE	DIVORCE		Montgome:	ry		Md.
,	10. 0	Bothesda	λΤΗ	II NA give s IVA	ME OF HOSPITAL OR INS treet address) Tal Hospita	N NOITUTIT	nat in haspital	120 USUAL OCC	CUPATION (Kind of working life, ever	work dane if retired)	126 KIND OF INDUSTRY M-1 7	BUSINESS OR itary
	13o	USUAL RESIDENCE (W	here deceos	ed lived, if instituti	on Residence before	13c CITY (OR TOWN 13	I INSIDE CITY LIMITS?	13e STREET AND		A A also adv	T OCITY
	odmi	ssion) STATE	Md.	13b. COUNTY	Contermery	Silv	er Spring	ES NO	8621	11th	Ave.	
	14		First	Middle	Last		S MOTHER'S MAIL			Middle		Lost
		Walter W	. н	icks			Vern	าล	R.		Turner	
		WAS DECEASED EVER	IN U.S. ARA		16b. SOCIAL SECURITY N	10 17	. INFORMANT			Address		Md.
		es, no, ar unknawn) Yes	N.A	ar or sores or sorerce)	151 22 6	705	Nancy B	Hicks	8621	11th_A	ve Sil	ver Sna
					ie for (a), (b), and (c)	V- p					BETWEEN O	MATE INTERVAL — INSET AND DEATH
		PART DEATH	WAS CAUSEI	D BY. NTE CAUSE (a)PC	orly Diff	erent	iated Mes	senchyma	1 Neonla	sm. Rt		
		P		1 / "	S A CONSEQUENCE OF							
		Conditions, if ony,	which gove									
		rise to immediate stating the underly		DUE TO, OR A	S A CONSEQUENCE OF							
		<u>kast</u>)	(c)								
		PART 2 OTHER 5 GI	IFFICANT COI	IDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL I	SEASE OR CONDIT	TION GIVEN IN PART	1(a)		
	NO	. ,										
1	CERTIFICATION	19a DATE OF OPERAT	10N 19b	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20g. AUTOPS	NO 🗀	CAUSES OF DEAT		ONSIDERED IN C	ERTIFYING
		21a ACCIDENT WAS				21c	HOW INJURY OCCUI	RRED (Enter natu	re of injury in Part	1 or Part 2,	item IB)	
	MEDICAL	or contributing [[If either, natify me	dical exomi	ner) P.M	Manth Doy Year							
	M	21d. INJURY OCCUR	RED 21e	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	TORY.) 21f	LOCATION Street	or RFD No	City of Tawn		County	State
		While Not while at work							1		<u> </u>	
		22a. I certify t	nat (I) (th	is haspital) atte	ended the decease	ed fram_	T4 Marci	1 19 00	to 4 May	, 19	OO, that	(I) (we) last
		saw the d	eceased a	live on	(ਰਜ਼੍ਰੀ net) view the	YDQ_, 0 hadv afte	ina mat in (my) r death	(our) apinion	dearn accurred	on the do	ate and nour	and from the
		225 CANATIDE		P		bady arre	T death.			220	DATE SIGNED	
		-	2-1	273	Le .	DE	GREE PHYS	DIRECTO	OR STAFF		May 68	3
		22d PHYSICIAN S		7			22e ADDRE		11112			
		NAME (Type)	W. E	BEASLEY	LCDR M	C US	N (DOD)	Naval	<u>Hospital</u>	. NINMC	, Bethe	sda, Md.
	23a	BUR AL CREMATION	23b	DATE	23c. NAME OF				LOCATION (City of		(County)	(State)
		REMOVAT (SOLITA)		May 68			National		Arlingto	n		Va.
	24	FUNERAL DIRECTOR	1221	John W	Pee ADDRESS		2	Sa REC D BY REG	SISTRAR 2Sb	REGISTRARS	SIGNATURE	Judan.
		W.E.FUMP	HREY	"8434 Ged	orgia Ave.	,Silv	er Sprin	YAM DMITA	9 1968	3 400	rances	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital or attending physician.



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TITAL RECORDS,	001	44.	Itraia	14 61		PINE
	CFR1	[IFI	CATE	OF	DFA	TH

<u> </u>								
	CEASED NAME	First	Middle	Last		2a. DATE OF DEATH		2b. HOUR
- (1	ype or print)	a a le	LI .	11:11=		Month Do	y Year	15 5 M
<u> </u>		ARIC		17/1/2-)	may	(6 d	Ter suppres as super
3. St	X	4. RACE		S. DATE OF BI	RIH	6. AGE (61 years Jast birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
10	2012,	white		1/201	02	YRS.		HOUKS AMM,
70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	DUMTRY2 8	LABOURD TO WELFE MAD		COUNTY OF DEATH		
	ntry)	7 D. CHIZZIA OF WHAT CO	Tre-	VARRIED 🛮 NEVER MAR	KIED			
	CHIC	U5A	7- WI	DOWED DIVOR	CED 🔲	MONTSIMERY		Md
10. 0	ITY OR TOWN OF DEATH	11. NAME O	F HOSPITAL OR INSTITUT	TION (If not in haspital	12a USUAL C	CCUPATIONOK nd of work done	12b KIND OF	F BUSINESS OR
1 4	Cast Part	give street	address) //	11		af warking life, even if retired.)		
1	Cthesda		ben Ite	104,78		graphy in me	2R -18 -	100
		eceased lived, if institution: R	lesidence before 113c.	CITY OR TOWN	134. INSIDE CITY LIMITS	- //	Port	07-
	ssion) STATE	13b. COUNTY	ERU RO	1. Kuille	YES NO	10201 Decome	nonella	20 E
14	ATHER'S NAME First	Middle	Last	<u> </u>	UDEN NAME First	Middle		Last
170.00	MIGRICA DIAMIC TIISI	Milodia	/ (*	IS. MICHIEKS MI	ODEN INVINE (131	/7 /		(03)
	(sec. 8)	ge - H	11/05		WAISE	4 CIARK		
16a	WAS DECEASED EVER IN US		SOCIAL SECURITY NO.	17 INFORMANT		Address	7 7 3	17 1
۱		s give war or dates at service)		Willia	n 1/11.	1,-1 -5/21 112	0 30.0	
⊨	NO			14/24///	1911-		APPROX	CHATE INTERVA
	18. CAUSE OF DEATH (Ent	er anly one couse per line far	(a), (b), and (c).)		1		BETWEEN	ONSET AND DEATH
	PART I, DEATH WAS C		adias.	the show	et (peris elle	242	
	1/2 27 / 100	MEDIATE CAUSE (a)		_ //		1		
	1000	DUE TO, OR AS A C	ONSEQUENCE OF	(15 A.		1 to 4/16 1	man de	entres .
	Canditions, if any, which g		xx. Ch	(Lin	e m	4 12 corve	2162110	- M MOO
	rise to immediate couse stating the underlying co		ONSEQUENCE OF			7		
	lost.	1026		•/				
		, (d					-	
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERMINAL	L DISEASE ORCON	DITION GIVEN IN PART I(a)		
-	1							
CERTIFICATION	19g DATE OF OPERATION	19b. CONDITION FOR WHICH OF	PERATION WAS PERFOR	MED 20a AUTO	PSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN C	CERTIFYING
2					NO 🕱	CAUSES OF DEATH?		
				YES 🗀	NO DE			
	21a. ACCIDENT WAS UNDE			21c. HOW INJURY OCC	URRED (Enter no	iture of injury in Part 1 or Port 2,	, Item 18.}	
MEDICAL	OR CONTRIBUTING CAUSE O		inth Day Year					
9	(If either, natify medical e		19	A CALLOCATION C	. 840 11	All T		<i>5.</i>
_	21d MUURY OCCURRED While Not while	218 PLACE OF .NJURY (AT HO	E BUILDING, ETC.	21: LOCATION Stree	far K.F.D. No	City or Town	County	State
	at work at work			1 4	r1 -	- 1	10	
	220 L certify that (I	(this hospital) attende	d the decensed fa	OT MAY	16.1961	10 11 11 11 11 11	that	t (1) (we) lost
	sow the decense	ed olive on	19 19/2	A and that in (m		on death accurred on the d	ote and hour	and from the
	couses stated a	bove, (i) (we) (did) (did	not) view the hods	ofter death.	,, (001) opinic	m deem excenses on me	orc one noer	Ollo Holli Illo
		2010, (1) (110) (ala) (aja	noty view the body	Onor Gootta		99.	DATE CICHED	
	22b. SIGNATURE	/// 1 1 () //2	2/1//	ATTENDIN	IG MED.	STAFF C	DATE SIGNED	-60
	JAN -4	20/ - X /8/	V-CELINI	CONGREES PHYS	DIRE	CTOR PHYS	0 -1 -	
	22d PHYSIC ANS JO	SENH W/ PE	Ebodh O.	1 2 22e ADD	RESS	1	. 50	
	NAME (Type)	CENTH/O	de loruz	MAN	1234	19 NW WAJ	B VC	
=			las variantes	YEAR OF CO.	·	O. L. LOCATION (C	40 3	10
23a.		23b. DATE		TERY OR CREMATORY		3d. LOCATION (City or Town)	(County)	(State)
	REMOVAL POOL	5-20-68	Souther	rine Ceme	tery	Barnesville	e Ohio	
24	FUNERAL DIRECTOR A	D 1 7 F	ADDRESS	nain Arra	2Sa REC'D BY R	EGISTRAR 25b. REGISTRAR	S SIGNATURE	-
	Lobert A	Pumphrey 75	ethesda.	ngin Ave	RAA		liante	Condas-
					DATE INT	THE POUR A	- V-V	n n

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 hours effect death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papels, shaud be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72th Page 4 may be retained by the haspital or attending physician.

Page

VR A15 (4) 30M REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		17257	DIAISION OF			CATE OF DEAT		KE, MAKTLAND ZI.	201	312	3.5
1		ECEASED-NAME First Type or print) Kat	therine	Middle E. S.	1	lost Togan	20	o. DATE OF DEATH Manth	Doy 5	Year 1968	2b. HOUR 3.30 PM
	3. SE	FX Genale BIRTHPLACE (Stote or foreign	4. RACE Whit		8 4400150		884	6. AGE (In yellost birthday			F UNDER 24 HRS. HOURS MIN.
	10 C		11 5 A sive s	ME OF HOSPITAL OR IN	WIDOWED	not in hospital 12a durin	USUAL OC	Montgomery CUPAT ON (Kind of work I working life, even if re	tired)	126 KIND OF BU	
ı	admi	ission) STATE FATHER'S NAME First	13b. COUNTY M.	ontagnetu Lost	Silv	en Springer	NO 🗌	1012 Rabi		: Lane	lact
	láa	Robert WAS DECEASED EVER IN U.S. ARM	Middle	Stinaon 166. SOCIAL SECURITY	NO. 17.	informant obert S. 140	п	1012 Babille Silver Spr	Leton	Lane	Last
		18 CAUSE OF DEATH (Enter on PART DEATH WAS CAUSEI IMMEDIA Conditions, if any, which gove inse to immediate cause (a), stating the underlying cause lost.	D BY ATE CAUSE (a) DUE TO, OR A	e for (5) (b), and (c) S A CONSEQUENCE OF S AS CONSEQUENCE OF	Jug	ma, l nixion	-L	C sawing		APPROXIMA BETWEEN ONS 2 ye	TE HTTERVAL PAND DEATH ROY CANS
	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON 190 DATE OF OPERATION 196. 21a ACCIDENT WAS UNDERLYIN	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO		TION GIVEN IN PART I(o) 20b IF YES, WERE FINI CAUSES OF DEATH? Ure of injury in Port 1 or			TIFYING
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. P.M. PLACE OF INJURY (S trospital atte	Month Doy Yeor AT HOME, FARM, STREET FA OFFICE BUILDING, ETC. Inded the deceas	9 CTORY,) 21f L ed fram	OCATION Street or R.F.D	No No	City or Town	. 19 /	County that (State I) (we) l ast and fram the
1	02.	22b. SIGNATURE 22d. PHYSICIAN'S	Geiger	/ ppen	M) of G	REE ATTENDING PHYS. 22e ADDRESS &	Silv	OR STAFF PHYS PERSHING PERSHING	Ma:		(State)
8	1	FUNERAL DIRECTOR John W.	10, 1196 LeakhWf	8 Cerete	ry of s	Holy Senula Ave. 250. REC	- 1	Newark IV	eu) de	241211	. ,

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 shauld be detached far use as the bural-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. at Health prior ta burial, crematian, or remaval, and in any event, within 72 haups after the state Dept. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV, 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	OLEU.	.7		(CERTIFIC	CATE OF	DEATH			0.1	264
	DECEASED NAME	First		Middle		Lost		2a. DATE OF DE		.,	2b HOUR
		Gentruc		vilhel mi	na		nger	MA	Manth Do 15	A68	1/37 M
3. :	SEX		4 RACE			S. DATE OF B	IRTH	6.	AGE (In years ast birthday)	MONTHS DAYS	
L	fema			Asian		1-7-	1896		72 YRS.		
7a	BIRTHPLACE (State untry)		76 CITIZEN OF WH.	AT COUNTRY?		NEVER MA	KKIEDDCI	9. COUNTY OF DE	ATH		
	New	York		crican	WIDOWED		RCEO		TGOME		Md
17	CITY OR TOWN OF	Park	give st	ME OF HOSPITAL OR INS treet address) 9314-1 NG-701	U SAN	4 HOS	durnama	L OCCUPATION (Kr st of working life T WOR	nd of work done , even firetired.) .Ker	126 KIND C INDUSTRY	OF BUSINESS OR
		(Where decease		on: Residence before		/	3d. JNS/DE CITY JIA		AND NUMBER		
OU!	nissian) STATE	CYLAND	13b COUNTY	e Georges	Hyat.	suille	YES NO	5902	Knoll br	-00K B	rive,
). 14.	FATHER'S NAME	First	Middle	Last		S. MOTHER'S N	IAIDEN NAME FI	rst	Middle		Last
L		emil	F	Holin			MARK			ANDER	
	o. WAS DECEASED E		ED FORCES?	16b SOCIAL SECURITY I		INFORMANT	77 7 8			-	ille,Ed.
	Yes, na or unknow				[E1	nil W.	Holing	er, 500	9 Malder		
				e for (a), (b), and (c)	1						INTERVAL ONSELVEND DEATH
	PAKI I UE	ATH WAS CAUSED IMMEDIAT	TE CAUSE (a)	PP.	5/7					150	de
			DUE TO, OR A	S A CONSECUTIVE OF			C /2	. /	<u> </u>	1 4	0.
	Canditians, if ar		(b)	Puly	no na	14	1 an R	011-51	U	10	do
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Lost (c) 45 Cf nd ing Dyelonephoty PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										was
	PART 2 OTHER	SIGNIFICANT CONT	DITIONS CONTRIBUT	NG TO DEATH BUT NO	OT RELATED T	O THE TERMIN	AL DISEASE OR CO	ONDITION GIVEN IN	PART I(a)		
NG	190, DATE OF OPE	DATION 196 C	ONDITION FOR WHI	CH OPERATION WAS PE	DEUDWED	20g. AUT	ODCA3	JOH IS VE	, WERE_FINDINGS	CONSIDERED IN	CERTIFYING
CERTIFICATION	DATE OF OFE					YES [.	NO 🗆	CAUSES OF	DEATH?		CLKIN THO
		WAS UNDERLYING CAUSE OF DEATH		Manth Day Year		IOW INJURY OF	CURRED (Enter	nature of injury (Vart I or Part 2,	Item 18)	
MEDICAL	(If either, natify	medical examin	er) P.M.)						
*	While Nat v	ork		AT HOME FARM, STREET, FAC DEFICE BUILDING, ETC.		1	et ar R.F.D. Na.	City or		County	State
	22a certify	y that (I) (this	hospital) atte	nded the deceose	ed from	d that in (a	2, 1960 (2) (OUT) ODU	an death oce	gred on the d	ote ond hou	of (I) (we) last
	COUSES	stated above	(I) (we) (did) (dd nat) view the	body after	death.	ily) (our) opii	man acam og	girea on me a	ore prioritos	i dila livili ilic
	220 SIGNATURE			70.		ATTEND	INC — M	ED S	TAFF C	DATE SIGNED	
	Jo	1 amil	4	E GUA	DEG	REE PHYS.			HYS. 🔲 🕽	-	564
	22d. PHYS CIAN NAME (Type		II ID	2	4	22e. AD	DRESS	-11/	1	· Va.	Redi
		o ame a	W. Whit			1/2	170	Moll	1118,1	man of	MUZ (N)
23	BURIAL, CREMAT	ON, 23b D		23c. NAME OF				23d. LOCATION		(County)	(State)
	REMOVAL (Special Burial		<u> 18–1968</u>			In Ceme		Bladen	burg. F		Georges
24	FUNERAL DIRECTO	awler's	Sons, I	Inc., 5130	Wisc	. Ave.	250 REC'D B	Y 1 7 19	25h REGISTRAR	SHONAHURI	restant.

N.W., Wash., D.C. 20016

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death certificate be executed within 24 haurs after Leath TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fiffed director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon page should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any eyent, within 2 Page 4 may be retained by the haspital or attending physician.

30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-1		27054	DIVISION OF VITAL RECORDS,	· ·	more, maritano 21201	1
١		o chull		CERTIFICATE OF DEATH		
		ype or print) Mary	Catherine	Hollis	20. DATE OF DEATH Mopth Death	26. HOUR A. 6:30 M.
	3. SE	-emale	White	9-10-8.	6 AGE (n years lost product) YRS.	F JNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	To B	BIRTHPLACE (State or foreign stry)	U.S.A.	WIDOWED OIVORCED	9. COUNTY OF DEATH MONT GOME	ERY Md
	1	akoma Pari	Washington-	Sanitarium Hospiduring mo	IL OCCUPAT On (Kind of work done ost of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
7		SUAL RESIDENCE (Where deceosission) STATE Mary and	sed lived, if institution Residente before	Withyattesville YES NO	15/3 Long	fellow Street
		TSAC	Middle Brumpau		ela	Ship
	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? war or dates of service)	NO. 17. INFORMANT, HOSPITAL R	ecords 7600	Carroll Ave.
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a). stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BLT N CONDITION FOR WHICH OPERATION WAS PE	ry acheros c leged arter HOT RELATED TO THE TERMINAL DISEASE OR CO SEFORMED 200 AUTOPSY? YES NO	Letosia Letosia Los Clerosia ONDIT ON GIVEN IN PART 1(0) 200. IF YES, WERE FINDINGS CAUSES OF DEATH? noture of injury in Port 1 or Port 2,	CONSIDERED IN CERTIFYING
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination of the contribution of the contributi	TH HOUR A.M. Month Doy Year	9	City or Town	County State
		22a. I certify that (I) (the	is haspital) attended the decease when the decease will be an MAYS. e, (1) (we) (dtd) (did not) view the decease when the de	ATTENDING M		DES, that (I) (we) last ate and haur and fram the DATE SIGNED
	230	BURIA, CREMATION 236.	1-110	CEMETERY OR CREMATORY Sional Cem	23d. LOCATION (City or Town) Wash, D.C.	(County) (Stote)
	24 	FUNERAL DIRECTOR 1 1/1/10	reteriorin & Son 57325		Y REGISTRAR 25b REGISTRAR Y 8 1968	5 SIGNATURE Judge

VR A15 (4) 30M REV. 1/68

1. Huntersame

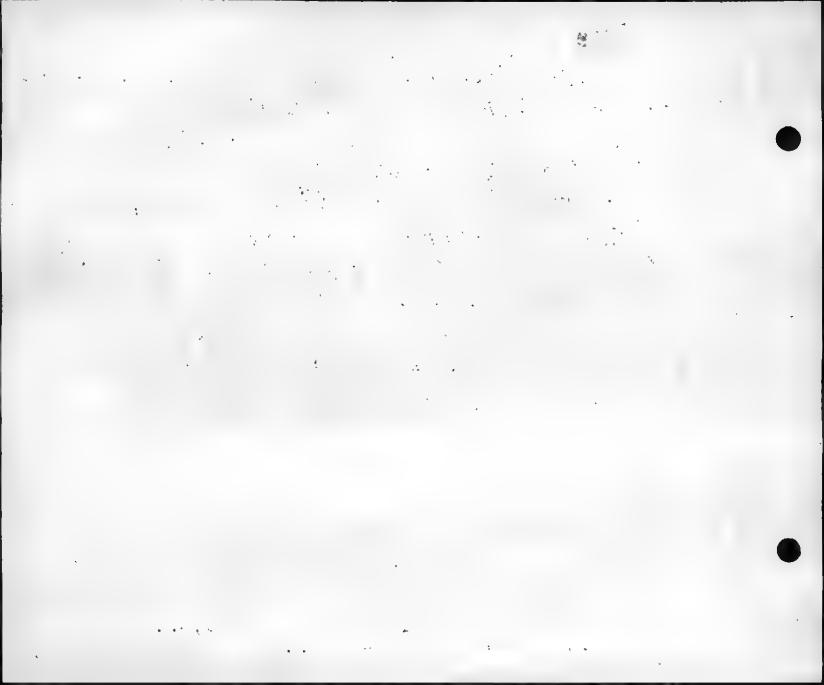
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in to the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Progreshauld be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 hours



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME Middle Lost 20. DATE KNOWN 2b. HOUR Day Year (Type or Prunt) Martina OF. NMI Hood 168 9A M DEATH MATED 4 RACE S DATE OF BIRTH 6 AGE (n years IF JINDER YEAR JF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3. SEX 2d HOUR Yeor 9A M 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARKAD THENEVER MARRIED 9 COUNTY OF DEATH Country) Secretary, Md. USA DIVORCED [WIDOWED Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol 12a LSUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR q ve street address) during most of working life, even if retired) INDUSTRY Silver Spring own home 1914 Glen Ross Rd. SSMd *** housewife 130 USUAL RES DENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY 1914 Glen Ross Rd. SSMd. Sil. Sprg. YES X NO 14. FATHER S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Robinson Martina NMI Bryan Wallace William 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 578-10-0567-5 daughter/Mrs.Wm.C Appleby 1914 Glen Ross Rd. (Yes na. ar unknown) no APPROX MATE INTERVA. 18 CAUSE OF DEATH (Enter on y one cause per line of PART I. DEATH WAS CAUSED BY IMMED ATE CAUSE (a) DUE TO, OR ASJA CONSEQUENCE OF Canditions, flany, which gove rse to immed ate cause (a) DHE TO OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIF CANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. COND TON FOR WHICH OPERAT ON 20 AUTOPSY? WAS PERFORMED? YES [21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Enter notice of injury in Port 1 or Part 2, tem 18) MEDICAL PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) AT WORK AT WORK 22a | certify that I taak charge of the remains described above, held an Autopsy | Inspection 🔀 and in my apinion death resulted from Natural causes Suicide Hamicide Undefermined manner ACTUAL 22b DATE SIGNED SIGNATURE EXAM: NER'S NAME (Type) **8UR AL CREMATION** NAME OF CEMPLERY OR CREMATORY 23d .OCATION (City or Takn) (County) REMOVAL (Specify) tion National Cent

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

Mary 1											
		ECEASED-NAME First		Middle		lost		2a. DATE O			2b. HOUR
) (Type or print) ADD	7= 0	JOSEPHI.	WE	HODE	NS	m	Month 20	oy Year	8 30 M
	3. SI		4 RACE			S. DATE OF BII			6. AGE (In years	IF UNDER 1 YEAR	1F UNDER 24 HRS
		FEMALE	WH,	TE		4/	9/00		lost birthday)	MONTHS DAYS	HOURS MINE
	7a		76. CITIZEN OF WH		8 MARRIED			9. COUNTY O	1 1		
	caul	ntry)	4.5	4	WIDOWED		CED [ma	NTGome		ил
	10 1	CITY OR TOWN OF DEATH	- L	ME OF HOSPITAL OR IN		-364			Kind of work done		F BUSINESS OR
3		3	give s	treet address)	_		during me	ost of working	; ife, even if retired)	INDUSTRY	
	120	USUA, RESIDENCE (Where decease		nni Paridanca hafara		RIBAI	13d HISIOE CITY LI	AITE ES	TREET AND NUMBER	EARONON	Tala
l		STATE WARVLAND	Link COUNTY	TOOMERY	10		YES Z . NO			DEMY	WAY
	14	FATHER'S NAME / First	Middle	Lost		MOTHER'S MA	IDEN NAME F	ırst	Middle	H	a riest
1		JOHN		TUTTLE	_		Flor	EENC.			C. 1
	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b SOCIAL SECURITY		FORMANT	, , , , ,	3	Address		
	۱ ۱	Yes, na, ar unknawn) (If yes give wo	e or dates of service)		1	PICHA.	en f	Jooks	45 - SAM	E AS	ABove.
	F	18 CAUSE OF DEATH (Enter only	one source nes lie	o fee (o) (b) and (c)				-			OMATE INTERVAL
		PART 1. DEATH WAS CAUSED	BY			r cole	100	4 1.	Na retile	T /	ONET AND DEATH
		1613 IMMEDIA	TE CAUSE (o)	rueu u	WICD NO.	984,	160	1 14	N G		42
		Eonditions, if ony, which gave)	DUE TO, OK A	S A CONSEQUENCE OF		+11	A 0		reas	11	
		rise to immediate cause (a), ((b)	S A CONSEQUENCE OF	A- 61	1_4/	4-5	KLYIC	1603	4-1-	M.Q.
		stating the underlying couse		S A CONSEQUENCE OF			·				
		PART 2 OTHER SIGNIFICANT CON	(c)	INC TO DEATH BUT II	OF DELATED TO	THE TEDAHINA	D SEASE OD O	ONDITION CIV	CN IN DADT 1/-)		
		PART & UTBER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT N	OI KELATED TO	THE TERMINAL	. U SERSE ON L	ALD MOLLEGIA	ch in PAKI I(d)		
	NO	19a DATE OF OPERATION 19b (OND I ON EOD WITH	CH OPERATION WAS PE	DEODMED	20g. AU70	pcva	206 1	F YES, WERE FINDINGS	CONSIDERED IN	CEPTIEVING
	3	4/10/60	Translation !	CHIDI EKAHOR WAS PE	KIOKINED	YES TO			S OF DEATH?		LK III HIIG
	E	210 ACCIDENT WAS UNDERLYING		Lenky	914 HO				ury in Part 1 ar Port 2		
	A C	OR CONTRIBUTING CAUSE OF DEATH		Month Day Year	ZIC. NO	W INJURT UCE	UKKED (ENIO	r nature at inji	ury in Part I ar Port 2	, Irem 16.)	
	ğ	(If either, notify medical examin		1							
	*	21d INJURY OCCURRED 21e While Not while	PLACE OF INJURY	AT HOME FARM STREET, FA OFFICE BUILDING, ETC	21F (O	ATION Street	tar RED. Na. *	(†	y of Town	County	State
		of work at work		/		3/	7 10				***
		22a. I certify that (I) (the saw the deceased at	s haspital) atte	inded the deceos	ed trom	that in I'm	<u>.≯</u> , 19_£	28_, to	-/213, I	9 <u>60</u> , tha	t (1) (we) last
		causes stated above	(I) (we)(did)(did not) view the	body after d	eath.	A) (oni) ohi	mon aeam	occanes on me s	iote ona nabr	ona from the
		22b. SIGNATURE	() () ()	7					220	DATE SIGNED	_/
		D#5.2	ch has	1 W	11) DEGRE	ATTENDIN E PHYS		NED.	STAFF PHYS.	5/26	168
1		22d. PHYSICIAN'S	3			22e. ADDI	RESS -	()		/ -	7 00
1		NAME (Type) 0170	T. ENG	LEHART	In.	1302	18	th Sh	hu wi	ASH]).C.
	23a	BURIAL, CREMATION, 236. D	ATE	23c. NAME OF	CEMETERY OR (REMATORY		23d LOCAT	ON (City or Town)	(County)	(Stote)
	B	armonic of the	29/1968	Hollyw	rood Me	m. Par	rk			Union	N.J.
	24	FUNERAL DIRECTOR	1331 Ro	ckvil AQORESS	Pike		2So REC'D B	Y REGISTRAR	25b. REGISTRAR	S SIGNATURE	
58 ⁴	T	yson Wheeler F				. Md.	DATE MA	Y 29	1968	iones &	noge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Figure 1 and should be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any eyent, within 72 hours afterdeath VR A15 (4) 30M REV 176

O HOSPITAL OR ATTENDING PHYSICIIN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) G Howard TAY 10 mma 6. AGE (In years IF LINDER I YEAR 3. SEX S DATE OF BIRTH IF UNDER 24 HRS last birthday) MONTHS DAYS PARTIES White MAYCK 15 18 23 that the death certificate bill exacuted within 24 haurs 7a. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) ILLINOis WIDOWED DE DIVORCED [mont 9 omeru 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspita 12g USUAL OCCUPATION (King of work done 12b KIND OF BUSINESS OR Chesy Chase give street oddress)

Bethesde Sylver Sorrag with

130 USUAL RESIDENCE (Where deceased lived, finist tutian Residence before) 13c CITY OR TOWN 13d during most of working life, even if retired) remove carbon House wife 13d INSIDE CITY LIMPTS? 13e STREET AND NUMBER admission) STATE / 225 hours 136 COUNTY YES DE rending physician and a rmit. Then please remo IS. MOTHER'S MAIDEN NAME First Lost Marianna B. Clark Samuel Grav AddressPl., Wash., D.C. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknown) (If yes give war ar dates of service) Marianna G. Shepard. Daughter. 2936 Cortlan 579-60-5742 affending 18 CAUSE OF DEATH (Enter only one cause per line_for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) rransit permit. Conditions, if any, which gave) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requirement the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause burial, c PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been priar ta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? S CAUSES OF DEATH? NO __ YES 🔲 certificate 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 널 ITT OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Doy Year Dept. of (If either, notify medical examiner) detached 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 22a. I certify that (1) (this hospital) attended the deceased from 30 MARCH, 1960, to 1 MAY, 1968, that (1) (we) last TO FUNERAL DIRECTOR: After director, page 3 shauld be d shauld be filed with the State saw the deceased alive on_1 MAY 19 6 X, and that in (my) (ever) apinion death occurred an the date and have and from the tauses stated above, (W(we) (did) (did not) view the bady after death. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR DEGREE PRYS CIAN'S 22e ADDRESS NAME (Type) JOSEPH LENOX K 5817 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, BENDAYF (SOLILA) Arlington National May 3, 1968 Arlington County, Virginia

25b. REGISTRARS SIGNATURE

1968

25g. RECID BY REG STRAR

DATE

MAY

VR A15 (4) 30M REV 1/68

Junes on Gawler's Sons, Inc.

5130 Wisc. Ave. N.W., Ksh., D.C., 20016



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

					CEKIIII	CALL OF D	LAIII						
	ECEASED-NAME Type or print)	First		Middle	TIOLE	Lost		2a. DATE OF	DEATH Month	→ P ay	2 Xert O	25. HOUR	
		CTalle		Y.	HOW			May		3104	1.968	8:20	
3 SE	Female		4. RACE	Caucasian		s. date of birt 9 Jul	1886		6. AGE (In	years day) YRS.	FUNDER YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
7o l	BIRTHPLACE (State	or foreign 7		F WHAT COUNTRY? SA	8. MARRIED WIDOWED	NEVER MARRI	וועצ	% county of Montgo		Count	у,	Md	
10 (Betheso			NAME OF HOSPITAL OR IN				NOCCUPATION Is to the state of			125. KIND OF INDUSTRY	BUSINESS OR	
		E (Where deceased of .Colu		triut an: Res dence befare IY	13c OTY O		d. Inside City Lin		.548,		Roose	velt Hot	
14. 1	FATHER'S NAME W111	First ard Y	M.dd oung	le Lost	1	S. MOTHER'S MAIL Harr	en name fin			M'ddle		Last	
		EVER IN U.S. ARMEL		166 SOCIAL SECURITY		INFORMANT				Address			
1	es, Nor unknav	m) (Tyes give wor	DE CACHAS DE 261-NEC	"	W.:	Y.Howell	, 16 t	th.St.,	N. A	rling			
	PART I. DE	ATH WAS CAUSED ! !MMEDIATE	BY. CAUSE (a) _ DUE TO, (b)_	er line for (a), (b), and (t) Cardiores OR AS A CONSEQUENCE OF	spirat	ory Fail	ure					MATE INTERVAL ONSET AND DEATH	
	PART 2 OTHER	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
MEDICAL CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER				RFORMED	FORMED 200 AUTOPSY? YES \ NO \			206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	OR CONTRIBUTION	WAS UNDERLYING G CAUSE OF CEATH medical examiner	HOUR A	.M.	9	OW INJURY OCCU		nature of injul	y in Part 1	ar Part 2, It	tem IS.)		
W		while		RY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	1	OCATION Street			ar Town		County	State	
	22a. I certify that (x) (this haspital) attended the deceased from 18 May , 19 58, ta 31 May , 19 68 that (4) (we) lass saw the deceased alive an 31 May 1968, and that in (Xay) (our) apinian death accurred an the date and haur and from the (auses) stated above, (1) (we) (d/d) (d.d.n.et) view the bady after death.												
	DEGREE PHYS								May 19	68			
	PHYSICIAN'S NAME (Type) S. FRANK DOVI LT MC USNR Naval Hospitalm Bethesda, Md.												
	BUR AL, CREMAT	(v) 6/	4/68		t Lawr	Cemete					Califor		
24_F	FUNERAL DIRECT	urch Fun	eral	Home, Falls	Churc	h, Va.	SO REC'D BY	REGISTRAR	2Sb R	EGISTRAR S	S GNATURE	dge.	

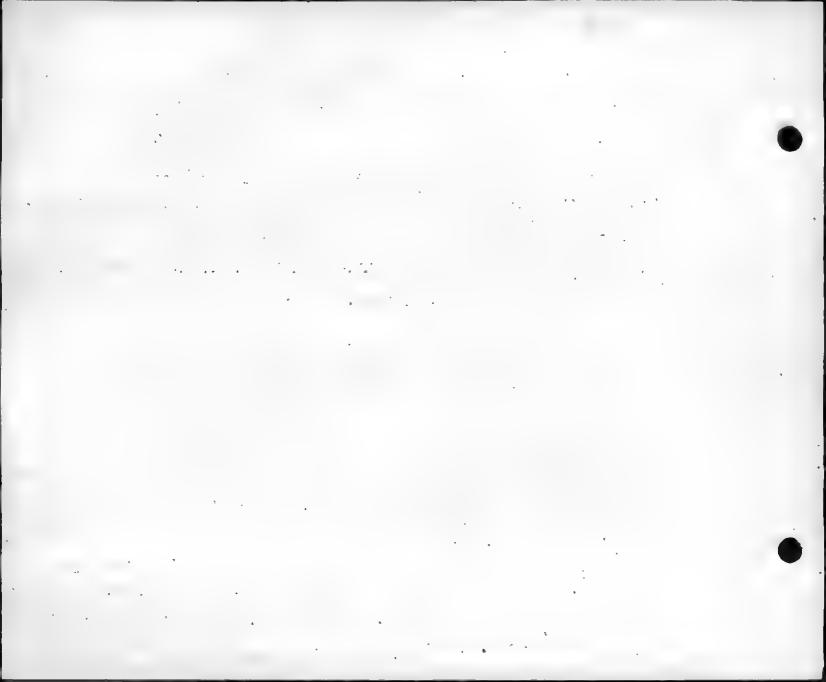
TO FUNERAL ENERGYOR: After this certificate has been signed by the attending physician and completely fill director, page 3 shauld be detached for use as the burial-transit permit. Then please remove candon should be filed with the State Dept. af Health prior to burial, crematian, ar remarkd, and in any event, with VR A15 (4) 30M REV 1/68

filled in by the funeral propers. Pages 1 and 2

Lury after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. death funeral 1 and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in a director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to bur al, cremotion, or removal, and in any event, within 72 h. Page 4 may be retained by the hospital or attending physician.

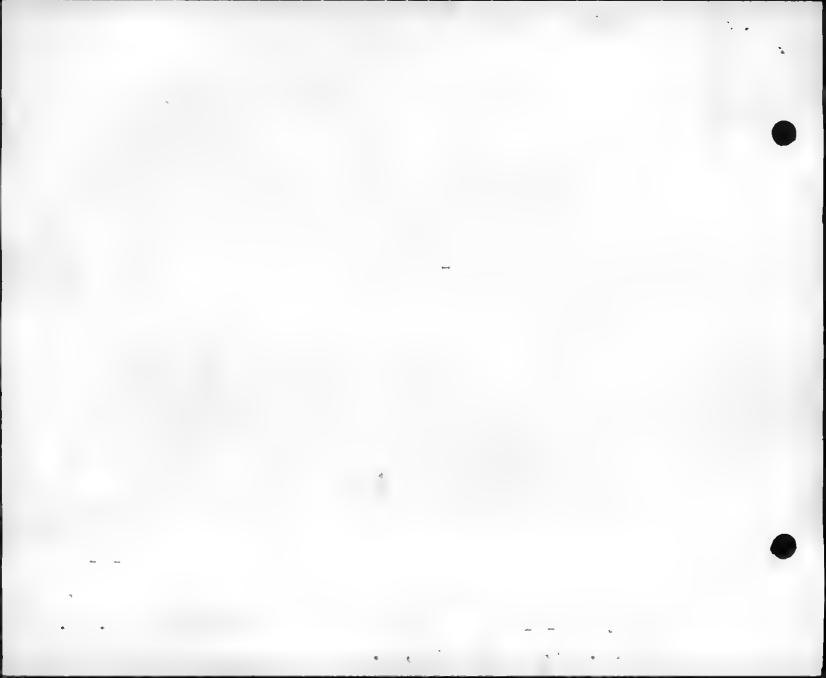
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07264

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

١.	DECEASED-NAME (Type or print)	First RAYMOND	Middle WINFIEL	Ď	Lost Howe	s	20. DATE OF		Doy68 Year	2b 5:5	HOUR A	
3	XEX	4 RACE			S DATE OF B			6. AGE (In years	IF JNDER 1 YEAR	T IF UNDER	24 HRS.	
	MALE	WHIT	E		10-10			lost birthdoy)	MONTHS DAYS	HOURS	MiN	
	BIRTHPLACE (State or fo	reign 7b. CITIZEN OF WHA	AT COUNTRY?	8 MARRIE	D 🛪 NEVER MAI	Relen	OUNTY OF	DEATH			-	
L	MARYLAND			WIDOWE	D DIVO	RCED 🗆		GOMERY			Md	
10	CITY OR TOWN OF DEAT		ME OF HOSPITAL OR INS					(Kind of work don		12b. KIND OF BUSINESS OR INDUSTRY		
L	OLNEY		reet address) MDNTGOME			1	OREMA		LANDS	CAPI	NG	
	o uSUAL RESIDENCE (Who Imission) STATE	ere deceosed lived, if institution		13c CITY	OR TOWN	13d INSIDE CITY JA		REET AND NUMBER				
		YLAND 13b. COUNTY MONTG	OMERY	GERMA	NTOWN	YES NO	X RT.	1, Box 2	247			
14	FATHER'S NAME FI	st Middle	Lost		1S. MOTHER'S M	AIDEN NAME FI	rst	Middle		Lost		
н	WI	Howe	Howes		Fs	ANCES	_		LEISHEAR			
14	60. WAS DECEASED EVER I	S. ARMED FORCES?	166 SOCIAL SECURITY I	INFORMANT								
	Yes, no, or unknown)	[II yes give wor or doses or service]	49		MEDICAL RECORD DEPT.							
		(Enter only one cause per line	for (o) (b) and (c))					APPROX BETWEEN	IMATE INTER	VAL	
	PART I DEATH W		Allina.	Inscarded wisard			tion.	with] 4	16	A	
П	14/0 9 DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, it ony, which gove									10 111 1		
ı	rise to immediate couse (a),									10 9/2		
	soring the uncertaing corse											
П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
200	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206. IF YES, WERE FINDINGS CONSIG								S CONSIDERED IN C	FRTIFYING	G	
0.17	2	1725 CONDITION ON WITH	ar or earliest trans				CAUSES OF DEATH?					
103	190. DATE OF OPERATION	YES NO X VENTE OF INJURY 12 In TIME OF INJURY 12 INJURY										
2	OR CONTR BUTING CO		1000 1000 1000 10		106171011 61 -	n n n n n n		*				
1	While Not while		OFFICE BUILDING, ETC	10k1,) 211	LOCATION Stre	et or K F,D No	Сф	or Town	County	2	Stote	
	of work of work	t (I) (this basnital) atta	nded the decore	od fram	Der	10 4	5- to	Mar	19 / P that	F //\ /\u0	in last	
П	22a. I certify that (I) (this haspital) attended the deceased from 1955, to Mac, 1968, that (I) (we) last saw the deceased alive an May 25 1968, and that in (my) (aur) aprilian death accurred on the date and haur and from the											
	causes stated above, (I) (we) (did) (did nat) view the body after death.											
	22b SIGNATURE 22c. DATI								2c. DATE SIGNED			
	DEGREE PHYS DIRECTOR DIRECTOR PHYS 5-2								5-27-68			
	22d PHYSICIAN'S											
	MAME (Type) A	D. BONIFANT	M. D.		MED	ICAL CE	NTER,	SANDY SPE	ING, MD.			
23	30 BUR AL CREMATION	23b. DATE	23c NAME OF	CEMETERY (R CREMATORY		23d LOCATI	DN (City or Town)	(County)	(Stote	2)	
	REMOVAL (Spec Fy)	5-29-68	Salem				Brook	eville i	dont. Me	d.		
2	4 FUNERAL D RECTOR		ADDRESS			2So RECD BY		25b REGISTRA	RS S GNATURE	0 d # 10	,	
	Francis H.	Barber Layt	ons ville,	Md.		DATE MA	728	1968 /	iones y	1	NO.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g OATE OF DEATH DECEASED-NAME First Middle death. (Type or print IF UNDER I YEAR IF JNDER 24 HRS 4. RACE 6. AGE (In veors lost birthday) MONTHS ma requires that the death certificate be executed within 24 hours 70 B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH MARRIED X NEVER MARRIED sountry) -WIDOWED D-VORCEO [physician and completely filled 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY the ottending physician and completely t sit permit. Then please remove carban ond in any event, wit Duburban ecretary 13a USUAL RESIDENCE (Where deceased aved if institution: Residence before 13e STREET AND NUMBER CITY OR TOWN 13d INSIDE CITY DMITS? admission) STATE 14 FATHER & NAME IS. MOTHER'S MAIDEN NAME First Middle Middle First DUISE Dem BODYA 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC AL SECURITY NO 17. INFORMANT Yes, go, or unknown) or removal, 18. CAUSE OF DEATH (Enter only one couse per Jung for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Hern 18.) detoched for OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Nat while 22a. I certify that (1) (this hospital) attended the deceased from MCL 19 🖎, ona that in (my) (our) opimon death occurred on the date and hour ona from the saw the deceased office on. director, page 3 should should be filed with the couses stated obove (1) (we) (did) (did not) view the body after death 220 SIGNATURE 22c DATE SIGNEO TTENDING DIRECTOR 22e AOORESS 22d. PHYSICIAN

23c NAME OF COMETERY OR CREMATORY

Pinecrest Cemetery

23d LOCATION (City or Town)

250. REC D BY REG STRAR

DATE

(County)

Saline Count, Arkansas

VR A15 [4] 30M REV, 1/68 23b OATE

7557 WISCONSIN AUC

5-10-68 24. FUNERAL DIRECTOR ROBERT A- Rumpher ADDRESS

23a BURIAL, CREMATION,



MARYLAND STATE DEPARTMENT OF HEALTH

07266	DIVISION OF VITAL RECORDS	*	RESTON STREET, BA		, MARYLAND 21201		¥			
1. DECEASED-NAME First (Type or print) ELIZA	BETHANNE	平	MR18		DATE OF DEATH Nay Month 7 Doy	10/28	26. HOUR 7:45 PM			
3. SEX Female	4. RACE Cauc.		S. DATE OF BIRTH Apr. 1,	1878	6. AGE (In years lost birthdoy) 90 YRS	MONTHS DAYS	HOURS M.N.			
70 BIRTHPLACE (State or foreign country) Illinois	76 CITIZEN OF WHAT COUNTRY? U. S.	B. MARRIED WIDOWED	NEVER MARRIED 3	9 COU	Montgomery	7	Md			
10 CITY OR TOWN OF DEATH Kensington		Hall	dyin.	most of w	PATION (Kind of work done corking life, even if retired.)		E BLSINESS OR			
13o USUA. RESIDENCE (Where deceo- odmiss on). STATE Maryland	sed lived, if institution Residence before 13b. COUNTY Montgomery			NO 📑	130 STREET AND NUMBER 3920 Balti	imore	Street			
14. FATHER'S NAME First Will:	Middle lost Lam Imrie	15	i. mother's malden nam Marga:				Lost			
160. WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (15 yes give to	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY UNKNOWN	1	NFORMANT alworth B:	rown	4218 Mier Kensingto	n, Ma	Ruree ryland			
PART I. DEATH WAS CAUSE IMMEDI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	Zi.	near f	and	wo	12	wkg			
= Sivere	NOTIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTION OF WHICH OPERATION WAS P	201	200 AUTOPSY?		ON G VEN IN PART I(o) 20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN	CERTIFYING			
S OR CONTR BUTING CAUSE OF DEA	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M.									
While Not while of work of work of work of work 22a I certify that (I) (I) saw the deceased of	While Not while Not while									
226 SIGNATURE HOWCOLL 22d PHYSICIAN'S	Dern Ken	Wolf	ATTENDING PHYS	MED DIRECTOR	STAFF -	DATE SIGNED	1968			
	RACE W. BERNTON				Chance Man		1			

23c. NAME OF CEMETERY OR CREMATORY

PUMPHREY, Bethesda, Maryland

Cedar Hill Crematory
ADDRESS 250 RECO B

Chevy Chase, Maryland

(Stote)

(County)

Suitland, Maryland

TRAR 256 REGISTRARS GNATURE

13 1968

23d LOCATION (City or Town)

250 RECD BY REGISTRAR

23b. DATE

5-11-68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. If Health priar ta burial, crematian, ar remaval, and in any event, within 721

230

BUR AL, CREMATION, REMOVAL (Specify) PETILLE LOT

24 FUNERAL DIRECTOR ROBERT A.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Page 4 may be retained by the hospital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a DATE OF DEATH 2b HOUR Month MAY Dov 19 aquires that the death certificate be executed within 24 hours after death (Type or print) Marv Elizabeth SEX 4. RACE 6. AGE (In years 5. DATE OF BIRTH HE LINDER I YEAR IF UNDER 24 HRS last, buthday) HOURS FEMALE 23 SEP 1920 CAUCASION 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED COUNTRY USA USA DIVORCED [WIDOWED -MONTGOMERY 10 CITY OR TOWN OF DEATH BETHESDA, MD 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. JSUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR duppe most of working life, even if retired } U. S. NAVAL HOSPITAL event, 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3e STREET AND NUMBER 3d. INSIDE CITY LIMITS? odmission) STATE MARYLAND 136 COUNTYPRING O TEMPLE HILE YES NO e remove (5228 JOAN LANE 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Married Namelle First Middle Lost Raymond Brazil Talbert UNOBTAINABLE: Jennie Elizabeth TALBERT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address the ottending physici nsit permit. Then ple mation, or removol, a (MS)no, or unknown) , (If yes give war or dates of service) SAME AS # 13 HUSBAND 579070973 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH CEREBRAL METASTESIS IMMEDIATE CAUSE (a) signed by the otten burial-tronsit permi burial, cremation, o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) BRONCHIOGENIC CARCINOMA rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 📉 NO [21a ACCIDENT WAS JNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d .NJURY OCCURRED 21B. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No Slate City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from April 19 , 19 68 , ta May 19 , 19 68 , that (I) (we) last saw the deceased give an 19 May 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (I) (we) (did) (stiple not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE Naval Hospital, Bethesda, Maryland 22d PHYSIC ANS NAME (Type) B L. RISH. MC. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION (County) REMOVAL (Specify) ARLINGTON NATIONAL ARLINGTON. 22 MAY 1968

VR A15 (4) 30A4 REV 1, 68

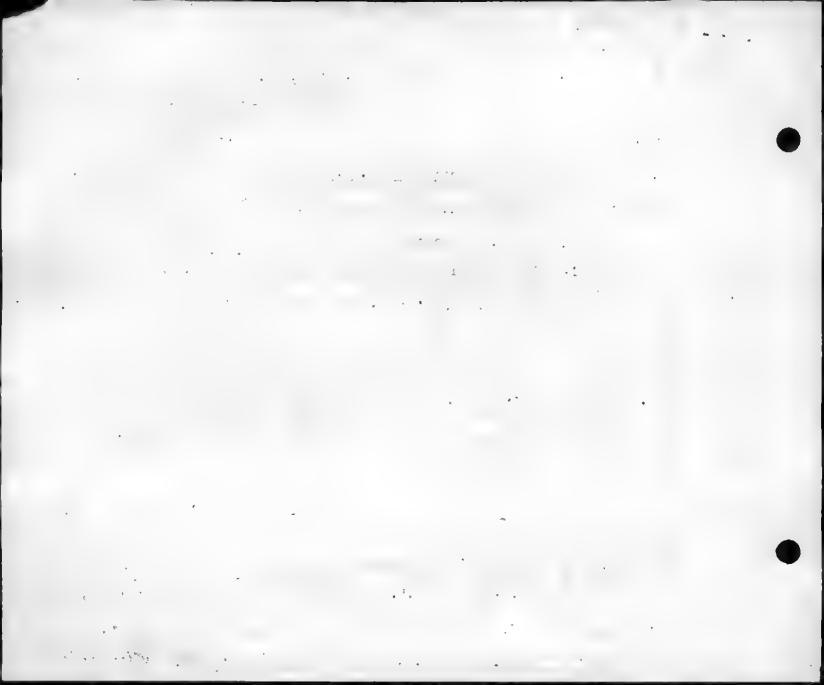
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MARYLAND STATE DEPARTMENT OF HEALTH 0.268 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Items?b.13d.FilmGL91 6/11/68km DECEASED-NAME Lost 20 DATE OF DEATH 2b HOUR TO (Type or print) Jackson, Sr. Edward George 3. SEX S DATE OF BIRTH 6 AGE (n years F JNDER YEAR 4 RACE last birthday) MONTHS HOURS low requires that the death certificate be executed within 24 naurs all 19 July 1916 Male White 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED Maryland and completely filled in Montgomery Widowed | DIVORCED [USA ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
The Clinical Center, NIH during most of warking life, even if retired) Painting lease remove carbon Bethesda Contractor 13a. USJAL RESIDENCE (Where deceased I ved, if institution, Residence before, 13c CITY OR TOWN 13d HISIDE CITY LAMITS? 13e STREET AND NUMBER odmission) STATE Marvland 13b, COUNTY P.O. Box Anne 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Smith Jackson Alice George 17 INFORMANT The Medical Record Address 16b. SOCIAL SECURITY NO 16g, WAS DECEASED EVER IN U.S ARMED FORCES? (if yes give war or dates of service) Yes, pg. or unknown) The Clinical Center, NIH, Bethesda, Maryland 217-05-3721 signed by the attending posture transit permit The burial, crematian, or remo 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY MMEDIATE (AUSE (a) Chronic Myelogenous Leukemia in Blastic Crisis 1-1/2 years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Hyperuricemia Subdural hematoma (Rt. frontal lobe); basilar pneumonia, bilateral; & / has been ‡ 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES KOK NO | O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 211 LOCATION Street or R.F.D., No. 21d INJURY OCCJRRED County State City or Town While Not while at work 22a. I certify that (N) (this haspital) attended the deceased from 3 November, 1967, to 30 May, 1968, that M) (we) last row the deceased give an 30 May 1968, and that in (N) (aur) apinian death accurred an the date and haur and from the causes stated above, (X) (we) (did) (D) (N) (view the bady after death. director, page 3 should should be filed with the 22c. DATE SIGNED 22b SIGNAFURE ATTENDING MED.
DIRECTOR STAFF 31 May 1968 22e. ADDRESS The Clinical Center, National PHYS CIAN S NAME (Type) James J. Nordlund, M.D. Institutes of Health, Bethesda, Maryland 23d. LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23a EURIAL CREMATION. (County) REMOVAL (Specify) Glen Haven Mer rial Pirk Glen Burnie, Maryl and

Gingletappressurged Horne 250 RECO BY REGISTRAR Glen Surnie, Muryland DATE 1111

25b. REGISTRAR S SIGNATURE

30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR May Month (Type or print) Norman Bliss Jacobs IF UNDER 24 HRS. IF I HNDER 1 YEAR 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX lost birthdoy) Aug 17th 1883 White Male requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) Montgomery USA WIDOWEDX DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL (CENTIFICATION (S DUTT POPITAL 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) i amond Ave during most of warking life, even if retired) remove carban Gaithersburg 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY JUNITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY Gaithersburgy E Diamond Ave S MOTHER'S MAIDEN NAME First M.ddle 14 FATHER'S NAME Middle Last Last Brandenburg Johnithan Jacobs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT [[II] yes give war or dates of service] Yes, no, ar unknown) Hazel J. Jones Damascus, Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
:MMEDIATE CAUSE (a) Acute My BETWEEN ONSET AND DEATH signed by the burial-transit p Canditions, if any, which gove) Auterios elevosis ase to mmed ote cause (a), stating the underlying couse m201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or anenaing O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Nat while at work 22a. I certify that (!) (this hospital) attended the deceased from saw the deceased alive on 1966, and that in (r causes stated above, (!) (we) (did) (did not) view the body after death. 1966, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the 226 SIGNATURE 22c. DATE SIGNED DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Gaithersburg. Montg Forest Oak REG STRARS S GNATURE 2Sq. REC'D BY REGISTRAR Gafffiersburg.Md.

MARYLAND STATE DEPARTMENT OF HEALTH



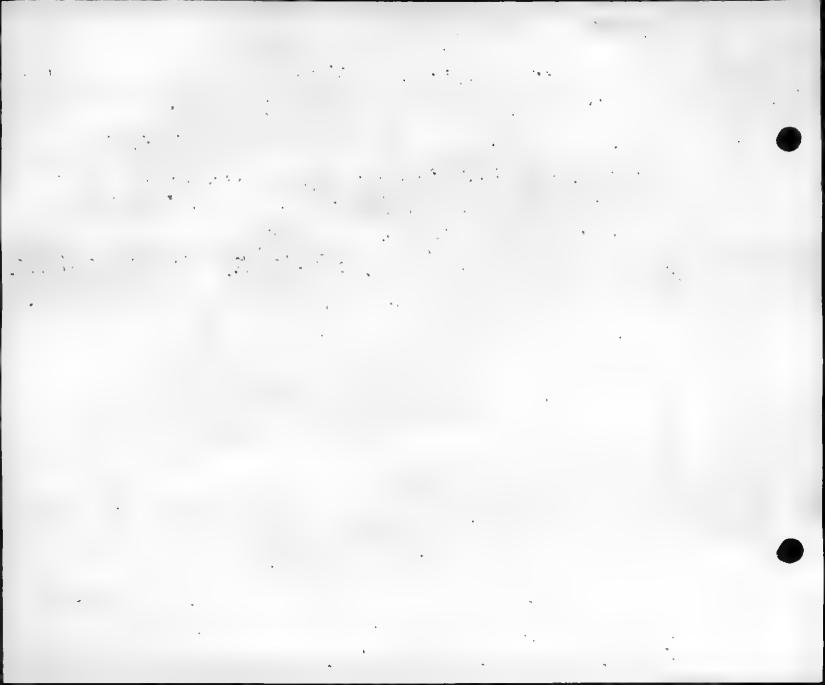
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE Iten #8 Film#GhO 5MEDIGALDEXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED NAME First M ddle 2g DATE KNOWNETT ar Print) ESTI-DEATH MATEO IF UNDER 24 HRS 3 SEX 6 AGE in years 2c DATE PRONOUNCED DEAD TO. BIRTHPLACE 9 COUNTY OF DEATH MARRIED THE VER MARRIED country) WIDOWED DIVORCED [Store 8. Give Pages 10 CIMPOR JOWN OF DEATHS NAME OF HOSPITAL OR INSTITUTION (If not us hospital 120 LSLAL OCCUPATION (Kind of work done mith 1 death. 13a USUAL RES DENCE (Where deceased lived, if ast tution, 3d INSIDE CITY LANTS? Residence before 13c CTY OR TOWN admission) STATE 13b COUN NO l and 2 i ofter 14. FATHER S NAME IS. MOTHER'S MAIDEN NAME Examiner's # II ges haurs I 6b SOCIAL SECURITY NO 17, INFORMANT pencul (Yes, no, or unknown) = APPROX MATE INTERVAL be executed within CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) permit BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-temesit Canditions, if any, which gave nse ta immediate couse (a). This certificate shauld Olly writing the word OUE TO, OR AS A CONSEQUENCE OF stating the underlying couse arwarded to the c PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D QS remova!, P 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Oay, Year 3 shauld PRIMARY OR CONTR BUTING MEDICAL CAUSE OF JEATH 2 d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION foctory, office building NOT WHILENE Page AT WORK AT WORK FUNERAL DIRECTOR: 220 I certify that I took charge of the remoins described above, held an Autopsy [Inspection the funeral director. Accident be retained death resulted from. Noturol couses Homicide Undeterm ned manner CH EF MED CAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE May Health NAME (Type) or caunty) 0 BUR ADCREMATION 23b DATE NAME OF CEMETERY OR CREMATORY 23c DCATION (City or Tawn) fCaunty1∕4 MOVAL (Specify) **VR A15ME (5)**

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 2a. DATE OF DEATH First HOUR and 2 death, (Type or print) funeral Year papers Pages I hin 72 haurs after 3. SEX 4. RACE 6. AGE (In years IF UNDER 24 HRS DATE OF BIRTH F JNDER 1 YEAR physician and campletely filled in by the h ost buthday) MONTHS law requires that the death certificate be executed within 24 hours at 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 75. CITIZEN OF WHAT, COUNTRY? MARRIED NEVER MARRIED country) ar remayal, and in any event, within 72 WIDOWED DIVORCED [126 KIND OF BUSINESS OR INDUSTRY CLEAR 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working tife_even if retired) signed by the attending physician and campletely fiburial-transit permit. Then please remave carbon (Where deceased lived, if institution, Residence before 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME Lost 16p , WAS DECEASED EVER 17 INFORMANT IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NOS (Yes, ha, at unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Jenticking burial, cremation, Conditions, Fany, which gove a rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE QRICONDITION GIVEN IN PART 1(o) prior ta attending has been use as the dia C 206. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO DA be detached for use State Dept. af Health O FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year PM (If either, notify medical examiner) with the State Dept. AT HOME FARM, STREET, FACTORY, 1 21f. EOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC While Not while at work 22a. I **certify** that (I) (this haspital) attended the deceased from ased from 19.00, 19.00, ta 5-2, 19.00, that (1) (we) last 19.00, and that in (my) (aur) apinion death accurred an the date and hour and from the 3 shauld causes stated above, (I) (we) (did) (did nat) view the bady after death. 276. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS director, page should be filed Page 4 may 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. REMOVAL (Sperfy) Cedar Hill Cemetery Suitland. 2So. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 [4] 1968 30M REV 1/68 ilver Sprina

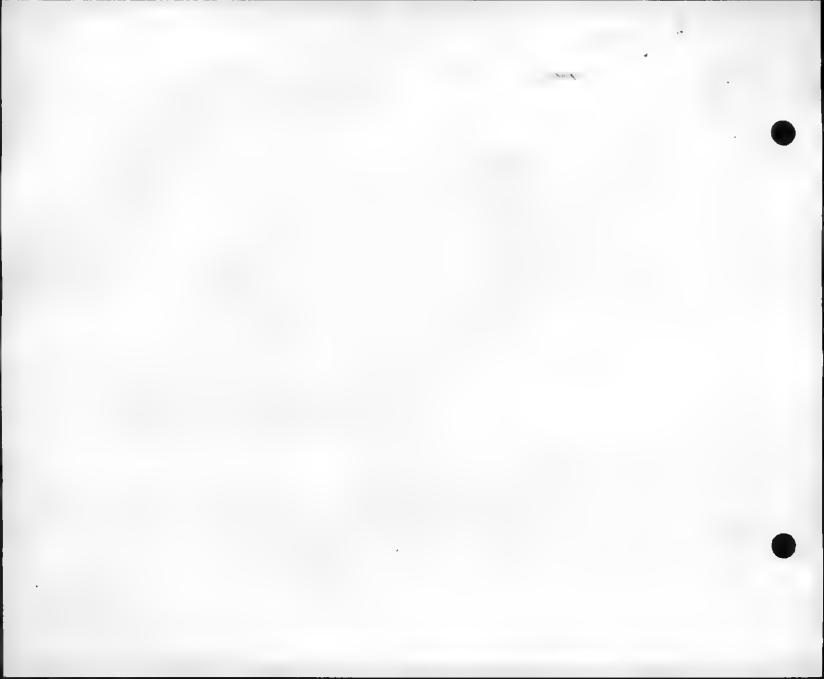
DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. DECEASED NAME 20 DATE OF DEATH First Middle Last 2b. HOUR (Type or print) Month 1100 3. SEX DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years lost birth MONTHS OAYS 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT 9. COUNTY OF DEATH 8. MARRIED TENEVER MARRIED D VORCED WIDOWED 120 USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital INDUSTRY HOUSEWILL and in ony event, 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130 LSUAL RESIDENCE (Where deceased fived, if institution: Residence before 13b COUNT 14 FATHER'S NAME Middle Middle Lost MOTHER'S MAIDEN NAME First 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, ner or unknown) (If yes give war or dates of service) Johnson same item Gordon removal, APPROXIMATE INTERVAL TB. CAUSE OF DEATH (Enter only one cause per no for (o) (b) and (c).
PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) cremotion, Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE stating the underlying cause burial, last. PART 2 OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗔 NO DO Heolth 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year jo P,M (If either, natify medical examiner) (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No 21d NULRY OCCURRED 21e PLACE OF INJURY State City or Tawn County Whe Nat while 220. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an-225_SIGNATURE 22ca DATE SIGNED MED DIRECTOR 22d PHYSICIAN'S Montgomery Lane, Bethesda. Paul D. Canton blooks 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMATION, (County) (State) Cremoval (Specify) Prince George M ryland Cedar Hill 2Sb REGISTRAR'S S GNATURE 24 FUNERAL DIRECTOR 2Sa REC'D BY REG STRAR Wheeler Funeral Home Rock Pike

within 72 haur requires that the death certificate be executed within 24 hour the ottending physician and completely filled in sit permit. Then pleose remove carbon popers. burial-tronsit signed by ficote has been as the for use o O FUNERAL DIRECTOR: After this cert detached e should be retoined Frector, page 3 should be filed v 0 VR A15 30M REV 1788



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

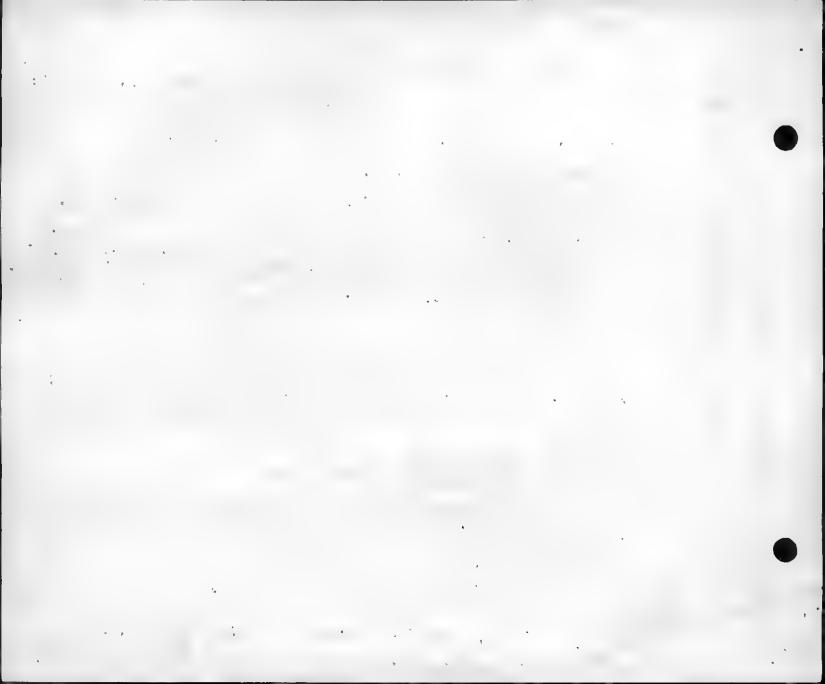
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	ECEASED-NAME Type or print)	ATa	9 I	add Middle	Johns	toriast		20. DAT	TE OF DEATH Month	Doy 5. 1	Yeor	2b HOUR P
3. S		Male (nite		S. DATE OF BI 12-28-			6. AGE (In years last derinday)		DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
7a. 1 coul	BIRTHP.ACE (State	or foreign D.C.		S.A.	WIDOWED	brazzi .	RIED.		Y OF DEATH tgom⊕ry			ЬМ
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13o odm	USUAL RESIDENCE ission) STATE	(Where deceose evada	d lived, if institut 13b. COUNTY	ian: Residence before		or Town Ono	YES 7 PNC		631 Califo		Ave.	
	FATHER S NAME	First	Middle	Lost		15. MOTHER'S MA		ırst	Middl	_		Lost
_	Charles				110 117		ith		Chevy Addit		ewlan	
160.	WAS DECEASED EV	EK IN U.S. AKM) { (If yes give wo	r or dates of service)	166 SOCIAL SECURITY		INFORMANT	Johns	ton	Brother,		-	
-						4				ا	APPROXIMA	ATE INTERVAL
1		TH WAS CAUSED	BY: (perfor (a), (b), and (c)	as t	eur-	Arar	acl			BETWEEN ONS	SET AND DEATH
	4/2	9 IMMEDIA	IE CAUSE (a)				0 -					
	Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF											
	rise to Immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
	lost. 4341 (c)											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
25	Aller, returner sabbasens - myelanthein											
CERTIFICATION	190. DATE OF OPER	ATION 196. (ONDITION FOR WH	ICH OPERATION WAS P	PERFORMED 20a. AUTOPSY?				20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING			
E E						YES 🗀	NO DE	X	AUSES OF DEATH?			
WEDICAL CEI	21a. ACCIDENT W OR CONTRIBUTING (If either, notify	CALSE OF DEATH	HOUR A.M. er) P.M.	Month Doy Year	19		,		finjury in Part 1 or Pa	rt 2, Item 1	8.)	
¥	of work at we	ırk 🗀		(AT HOME FARM, STREET, FO OFFICE BUILDING, ETC.	ì		,		City or Town	1 ,	inty	State
	22a. I certify	that (I) (thi	s haspital) atte	ended the deceas	ed fram		, 1922	رے, to	ر کے کے ا ath accurred an th	19 95	_, that ((I) (we) last
	causes s	deceased al ated above	ive an ,(I) (we)(did)	(did not) view the	ba dy a fter bady	nd that in (m r death.	y) (aur) api	nian dec				nd tram the
	22b SIGNATURE	The "	Att.	· Li	DEC	GREE PHYS	LA D	ED. IRECTOR	STAFF PHYS.	22c. DATE	agned 6	8
	22d PHYSICIAN'S NAME (Type)		KK K	LEH M	٠٥.	22e ADD	RESS 415	15	9 TH 55. N	in		
230.	BURIAL, CREMATIC REMOVA. (Specify Burls	1	_	23c NAME OF		R CREMATORY		Was	CATION (City or Town)		unty)	(State)
	FUNERAL DIRECTOR	Joseph	Gawler'	s Sons D. (inc.		2Sa. REC'D B DATE	Y REGISTR	AR 25 REGIST	Sign/	the gr	edge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers? Preshould be filed with the State Dept of Health priar to burial, cremation, ar remaval, and in any event, within 72 hour TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be emecuted within Page 4 may be retained by the haspital ar attending physician.

and 2 death.

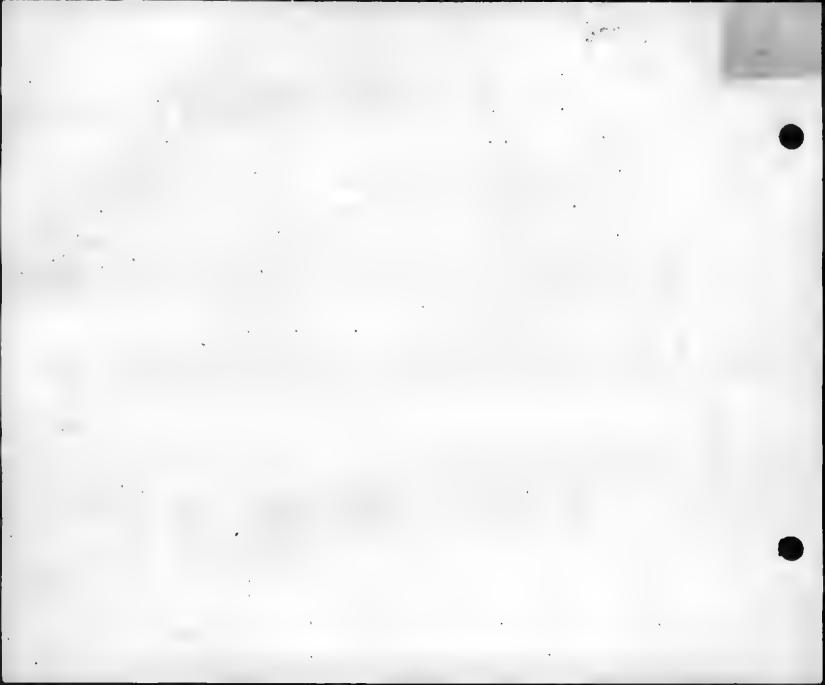
haurs after death

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN I DECEASED-NAMI M.ddre Lost (Type or Print) **OF** ESTI-DEATH MATED KENNETH Department 3 SEX 4 RACE S. DATE OF BIRTH AGE (In years IF JINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3/4/45 Male Col. 7a. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED 9 COUNTY OF DEATH country) Maryland U.S.A Montgomery WIDOWED D VORCED T Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUS NESS OR g ve street oddressSuburban during most of working I fe, even if ret red)
Print Shop INDUSTRY Bethesda Sentine] with death. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. (NSIDE CITY LAWITS?) 13a STREET AND NUMBER 13b COUNTY Montgomery Md. Potomac 10301 Oaklyn se certificate, writing the word "pending" in penal in Item 1. should be forwarded to the Chief Medical Examiner's Office I and 2 after 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Henry Mildred Joppy haurs pages Davis 160 WAS DECEASED EVER N L S ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Md. (Yes no, of taknown) fill yes give war at dates of service) Bernice Joppy Sister in Law Jaithershurg File APPROX MATE INTERVAL event within 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 5 musi -IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF wound of Heart & funn **burial-transit** Conditions, if ony, which gove rise to immediate cause (a) This certificate state. please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse \subseteq PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O 190 DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION CERTIFICAT WAS PERFORMED? NO [2 o EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21x HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, item 18) 3 should MEDICAL PRIMARY OR CONTRIBUTING crematian, XAMINER: 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. County foctory office building, etc.) may be retained for your FUNERAL DIRECTOR: Page AT WORK AT WORK ALONTONNES Page STICET. burial. 220 I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection X Inquiry 🔀 ond in my opinion the funeral director Noturol couses Suicide . Homicide X deoth resulted from. Accident | Undetermined monner CHIFF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEFINITY DEPUTY MEDICAL EXAMINER EXAMINER'S 5 may 10 FUNE Health NAME (Type ADDRESS(Street, city, town, or county) BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAJION (City or Town)

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

			-	ENTITIONIE OF E	PENTIL					
	CEASED-NAME	First	Middle	Last	1	20. DATE OF DEATH			2b. HOUR	
(1	ype ar print)	ELMER	5	TUSTI	/	Month	Day	Year	2:15th	
3 SE	v	14 RACE		IS DATE OF DID	TU	6. AGE (Inv)	65.11	MOER L YEAR	IF UNDER 24 HRS.	
3 35	,		; /	S. DATE OF BIR		lost birthd			HOURS MIN	
	MALE	4	white:	12/	9-10,	3 62	YRS.			
	STRTHPLACE (State or fareign	76 CITIZEN C	F WHAT COUNTRY?	8 MARRIED 💢 NEVER MARR	IED 9	COUNTY OF DEATH				
COM	(Rry) 1	-1	1150	WIDOWED DIVORC		Mastern	. 611		00.4	
10 (ITY OR TOWN OF DEATH	//	A A AME OF HOSPITAL OF INST	1-1		OCCUPATION (Kind of wo		2b KIND OF	DINCE OR	
10 (And I	1	11 NAME OF HOSPITAL OR INST	, ,		of wark no life, even it i		NDJSTRY ,	BOZINEZZ OK	
	RETHESON	9	2.6	ur tion	2/2	Zhuman.	Low	a Esta	a let.	
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adm	ssian) STATE VILGIN	13b. COUN	IN V'	FFLLS CHURCH	AF2 WO	1 2826K	2 CTOPEN	+ Mas	n' Kil	
14	ATHER S NAME First	Mide	dle Last	Is. MOTHER'S MAI	DEN NAME First		Middle	^	Inst	
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	1. lella "		nery youth		NUZ	て	(-20	
	WAS DECEASED EVER IN U.S	S ARMED FORCES? Is give wa or dates of service.	166 SOCIAL SECURITY NO	17 INFORMANT	,		ddress			
	es, no, or conknown)	a disa wa outstand on service	(0)	1711.50	1746	Micca	05			
	10 CAUSE OF BEATH (C.	tar aply and raws	per line for (a), (b), and (c))		/ ^	/			KATE INTERVAL	
	PART I, DEATH WAS (- I-	1	4 1	1/110 -		BETWEEN OF	NSET AND DEATH	
	1M	IMEDIATE CAUSE (a)	Longres /11	G NEGT	1 19	114,46			140	
	4/00	DUE TO,	OR AS A CONSEQUENCE OF	A /	0			- {)	
	Condit ares, if any, which s	gave) (1)	Acute my	and wolfed	into	rot		30	lays	
	nse ta immediate cause	full and we	OR AS A CONSEQUENCE OF	XICV STILL	1 1110		1		^	
	stating the underlying co	anze Doc 10'	./	. later	lastra	6		1	4-14.15	
) (c)		sombotic occ				Y-1	DOKE U. Z	
	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION G.VEN IN PART 1(a)									
-	Palmonary oughy coma and Chronic to vone hitis									
(TIO	19a DATE OF OPERATION	19b CONDITION FO	R WHICH OPERATION WAS PER	FORMED 200 AUTOP		20b IF YES, WERE F	NDINGS CONS	DERED IN CE	RTIFYING	
P.C.				YES T	NO 🗆	CAUSES OF DEATH?	1100	,		
CERT F CATION	21a ACCIDENT WAS JNDE	DIVING TOP THE	Ar OF A HOV			t as af as a a Dan I a	9 6	10.)		
	TOR CONTRIBUTING CAUSE		ME OF INJURY A.M. Manth Day Year	210 MOW INJURY OCCU	JKKED (Enter no	iture of njury in Part I o	ir Pert 2, Item	18.)		
MEDICAL	(If either, natify medical e		P.M. 39							
ME	21.1 INDUNY OCC APPEN		JRY AT HOME FARM STREET, FACT	ORY 21f LOCAT ON Street	ar R.F.D. Na.	C ty ar Tawn	(υntγ	State	
	While Nat while at work		OFFICE BLHLOING, ETC	,			4			
	di Motk - di Matk) (the s hamisal)	attanded the decessor	d from A. / /	10 42	, to 5/20	/ 10 /	# that	(I) (we) last	
	sout the desire) (mis naspiral)	attended the deceased	and that in law	Maur) appoin	in dogth ordered of	the date	and hour	and from the	
	sow the deceds	bave (1) (up) (did) (did nat) view the b	adv ofter death	a (ant) abilito	in death ogranted of	i ine dale (mu noul (una mam me	
		pare, (i) (we) (and faith finit siew tile o	day offer death			22c DATE	CICHEN		
	22b SIGNATURE	1/1	1	ATTENDING		STAFF F	7 ZZC DATE	SIGNED	1 .	
	//hri	Mark .	They m	DEGREE PHYS	DiREC	CTOR L PHYS. L	1 5	1261	161	
	22d. PHYSICIAN'S	/	/	22e. ADDR	ESS		/			
	hAME (Type)									
23m	BURIAL CREMATION	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	/ 12	23d LOCAT ON (City or To	((Ivp)	aunty)	(State)	
ZUU	REMOVAL (Specify)	.5/28	168 5-	11001	(641	1.1			1	
	Little stille	-/-/	ADDRESS	- INCCAN	DE- DECD BY D	DIANA PARA	MCTEALT TOWN	LANTER ST	146	
29	FUNERAL DIRECTOR	2 222 1	ADDRESS	OSH A.C.	ZSO. KINAY K	EGISTRAR 1968b. RE	DIMERAK-ST NO	C STREET	0	
1	1716 KE N 1	cor any	- 11011m - V	1/1/3/10	DATE	- 4		-		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician a≡d completely filled in by yet teneral director, page 3 shauld be detached for use as the burial-trans't perm't. Then please remove carban papers—Pages 1 and 2 shauls after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.

VR A15 A



d by the ottending physici I-tronsit permit. Then ple I, cremation, or removal, o signed by the buriol-tronsit p has been the this certificate O FUNERAL DIRECTOR: After be retained director, |

requires that the deoth certificate be executed within 24 hours after death.

pud

corbon

23b DATE 5-6-68

23c NAME OF CEMETERY OR CREMATORY

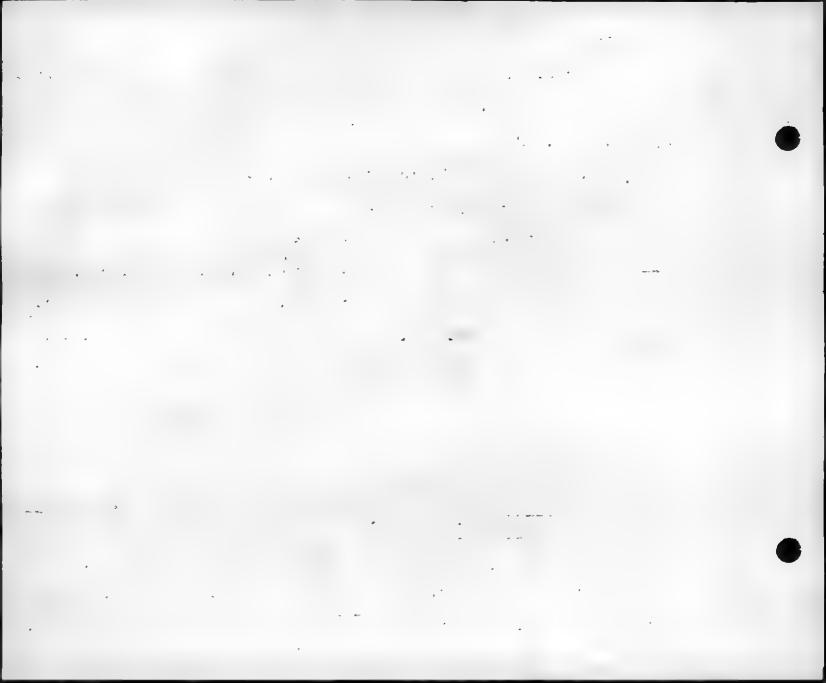
King David Memorial Garden Falls Church. 2So. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE

24 FUNERA DIRECTOR
Bernard Danzansky & Sons Washington

MAY

CERTIFICATE OF DEATH 26. HOUR P 2a. DATE OF DEATH DECEASED-NAME First Middle lost (Type or print) Month Rosalind Kahn 1988 35 May 3 SEX 4. RACE 6 AGE (In years S. DATE OF BIRTH F JADER 24 HRS last & ribday) White 1913 April 20. Female 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED Boston! Mass. USA Montgomery DIVORCED [WIDOWED [O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR 97907daRocton Avenue during most of warking life, even if retired) INDUSTRY Chevy Chase 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 136 INSIDE CITY JIMITS? 13b COUNTY ntgomery YES 🛶 Chase 7907 Rocton Avenue 14 FATHER S NAME First IS. MOTHER'S MAIDEN NAME First Middle Last Simon Hirsh Aronson Jeanette Cohen 17. INFORMANT Husband 169 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address Yes, no, or unknown) Benjamin M. Kahn-7907 Rocton Avenue 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART . DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Cessation Respiration 5 min. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) Metastatic Cancer rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Cancer Breast 8 yrs. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🔽 210 ACC DENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21e. PLACE OF INJURY City or Town County State While Nat while at work at work 22a **I certify** that (I) (t<u>his hospital</u>) attended the deceased from 1959, 19, 19, ta<u>May 4</u>, 19<u>68</u>, that (I) (we) last saw the deceased alive an May 4, 19, 68 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS May 4, 1968 DEGREE PHYS 22e. ADDRESS NAME (Type) Milton Gusack, M.D. 1100-22nd St., NW, Wash. DC 20037 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (State) RESOLATION STATE

VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME First death. requires that the death certificate lie executed within 24 hours after death funeral 00 (Type or print) Month Day Year ERN 20 6 AØÉ (In yeors S DATE OF BIRTH IF UNDER 1 YEAR TE UNDER 24 HRS. 3. SEX last pirthdoy) HOURS age WHITE 5-2 MALE YRS. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign B MARRIED X NEVER MARRIED country) physician and completely-filled in en please remave carban paper D VORCED WIDOWED IT 12a USDA, OCCUPATION (Kind of work done WE KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (finat in hospital during most of working life, even if retired) INDUSTRY give street address? BETHESDA SAFE WA 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b COUNTY ghy 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First signed by the attending physician ar burial-Iransit permit. Then please ri burial, crematian, ar remaval, and in ICKMAN KOLLEV 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT Yes, na_or unknown) I (If yas give war or dates of service) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Bronkhopneumo mia bilateral l week DUE TO, OR AS A CONSEQUENCE OF Liver cirrhosis, Laennec's type, advanced Conditions, it ony, which gove rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF by the haspital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been as the priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES TOUX NO [be detached far use State Dept. af Health 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCAT, ON Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 1968, and that in (i 196 & ta 19 - 8, and that in (my) (aur) apinian death accurred an the date and haur and fram the O HOSPITAL OR ATTEND Page 4 may be retained d rector, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 23a BURIAL, CREMATION 23b. DATE Parsons (cretery) Parsons West Virginia 25a REC'D BY REGISTRAR Georgia Ave N. W. Washington MA VR A15 (4) 30M REV 1768

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2 14

				CEKTIFIC	AIE UF DE	AIR							
	ECEASED-NAME (ype or print)	first Myrl	M·ddle NMN	KI	lost NDER		20. DATE OF	Magth Magth	7 Doy	15	968	2b. H	
. SE	X Male	4. RACE Cat	ucasian		S DATE OF BIRTH 28 APR			6. AGE (In lost birth		AF LUMOER MONTHS	DAYS	HOURS	24 HRS. M.N.
coun	BIRTHPLACE (Stote or foreign Nebraska	USA	OF WHAT COUNTRY?	WIDOWED	→	K M	county of lontgom	ery					M
В	ethesda		11 NAME OF HOSPITAL OR 11 Sive street address) Naval Hospi	tal		dur nempoi	occupation	ife, even if	retired.)	125 K	STRY N	Business Vavy	OR
odmi	usual RESIDENCE (Where dission) STATE WDC	eceosed lived, fired	NTY /	Washin	gton YE	INSTOECTY LIMITS NO	□ 433	EET AND N	St.	S.E	. Ar		3
	FATHER'S NAME First Jol		Coope	r	MOTHER'S MAIDE Unknow				Middle			Lost	
160. Y	WAS DECEASED EVER IN U.S. 'es, no or unknown) (If yes Yels	ARMED FORCES? give war or dates of serv Jnknown	16b SOCIAL SECURITY 524-141-		FORMANT ervice I	Record			Baint	rid	ge,		
	18 CAUSE OF DEATH (Ent PART I. DEATH WAS C IM Conditions, if ony, which g rise to immediate couse stating the underlying co lost.	AUSED BY: MEDIATE CAUSE (o) DUE TO OVE (o), (b)	Bronchioger, OR AS A CONSEQUENCE O	iic Carc	inoma wastasis.	ith wi	idespre	ad			THE CHARLES	NSET AND DE	CAUR
NC	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)												
CERTIFICATION	190 DATE OF OPERATION		DR WHICH OPERATION WAS I		20₀. AUTOPSY	NO 🗍	CAUSES	OF DEATH?	100			RTIFYING	;
AEDICAL CEI	210 ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE C (If either, notify medical e	FOEATH HOUR	ME OF INJURY A.M. Month Doy Yea P.M.	19	W INJURY OCCURE	ED (Enter r	roture of injur	y in Port 1	or Port 2, I	tem 18)			
W	ot work of work		URY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC	3	CATION Street or	(0	,	or Town		County	,		tote
	22a I certify that (I) saw the decease causes stated a	(this haspital ed alive an 1 bave,(I) (we)) attended the decea May 1968 decea (did) (did nat) view the	.19, and	that in (my) (, ta/N ian death a						
	22b. SIGNATURE	N Lay.	mond III	DEGRI	(10.5		D RECTOR	STAFF PHYS		DATE SIGI		768	
		.W. RAYM				aval F	Hospita			la, l	Md.		
2	BEHOVAL (Specify)	23b. DATE 5-/3-	68 Ever	rcemetery or green Ce	metery		23d LOCATIO Colora	ido Si	prings		olo	(Stote)	
24	Funeral Director Fall Funeral Home	ls Churc	h 1102 WODRE Falls Church	road St	25	o REC'D BY	REGISTRAR 13	1968	REGIST	HEMBIK	No of	nog	L

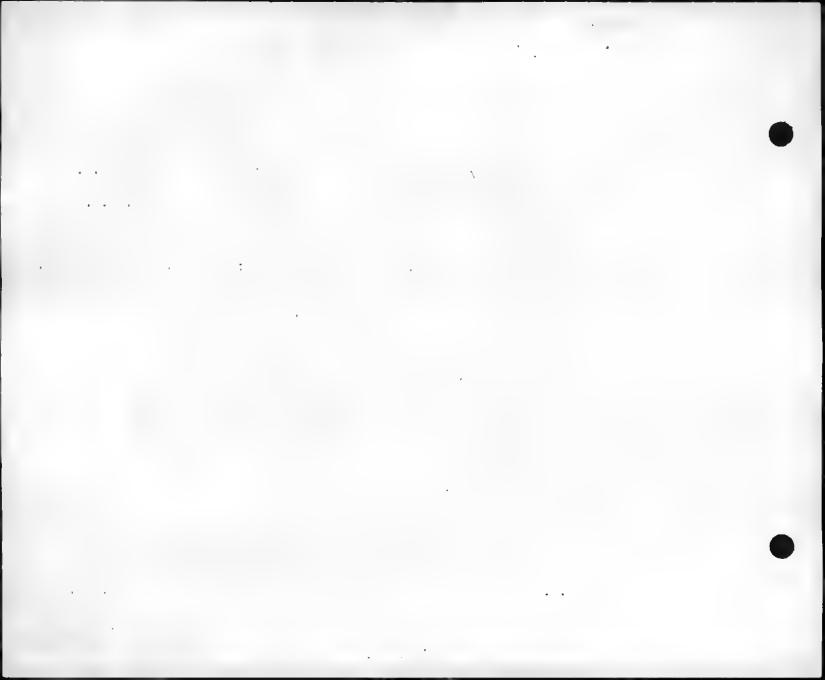
DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 has VR A15 (4) 30M REV. 1/68

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR



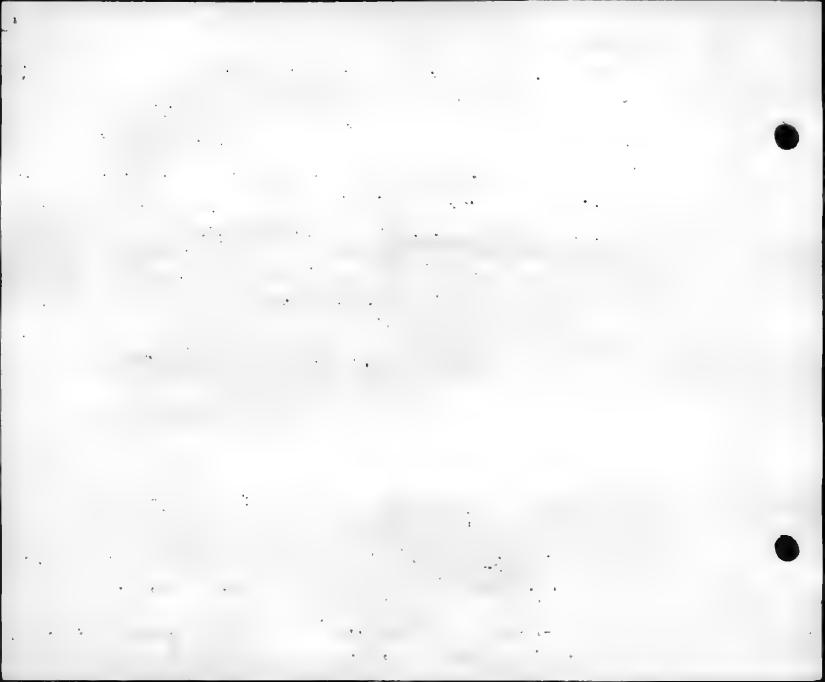
Boerol **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burnal transit permit. Then please remove carbon papers/Pages shauld be filled with the State Dept. of Health prior ta burnal, cremation, ar removal, and in any event, within 72 hours. Page 4 may be retained by the haspital or attending physician.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	.7274	DIVISION O	(ERTIFICA	ATE OF	'	none, ma	KTERINE 2	. 1201		
	PECEASED-NAME Type ar print) WIL	First L/AM	Middle HENRY	KI	Lost VIGH	7-	20 DATE OF	4 11 41	O Day	68 Year	26 HOUR
3 \$	MALE	4 RACE	AVC	5	S DATE OF BIR	188		6 AGE (In lost birth	years day) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS M.N.
COU	BIRTHPLACE (State or foreign intry) MINITED TOWN OF DEATH	1 4	WHAT COUNTRY? S 22 NAME OF HOSPITAL OR INS	MARRIED WIDOWED TITUTION (If not	DIVOR	CED [OCCUPATION	NTGO		125 KIND OF E	Md BUSINESS OR
13a.	SILUER SPR,	ING. giv	re street oddress) HIRLANII W	IURSING 13c CITY OR T	HOME TOWN	I3d. INSIDE CITY JM	15? 13e ST	REET AND N	JMBER	INDUSTRY AT YUAT	
	FATHER'S NAME First	Middle			MOTHER'S MA	YES NO NAME Fire	st		Middle	i jiami-	Lost Lost
	LD WAS DECEASED EVER IN U.S. Yes, no, or unknown) ("ye		16b. SOCIAL SECURITY N 230-30-07	10. 17. INI	FORMANT HO		HAR.		Address		
	18. CAUSE OF DEATH (Ent PART I. DEATH WAS O	ter anly one couse per CAUSED BY IMEDIATE CAUSE (o)	,ine for (a), (b), and (c)	1887	10:02	seu'n	/ X × *				ATE INTERVAL ISET AND DEATH
	Conditions, if any, which grise to immediate couse	(a), (b)_	R AS A CONSEQUENCE OF	ere	men		<u> </u>	71		21	Ih
	stoting the underlying couse (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PE	RFORMED	20a. AUTOF	PSY?		YES, WERE S S OF DEATH?	FINDINGS CO	ONSIDERED IN CE	RTIFYING
MEDICAL CE	210 ACCIDENT WAS UNDED OR CONTRIBUTING CAUSE (If either, notify medical e	OF DEATH HOUR A.N	Λ. 19			URRED (Enter			ar Part 2, I		
W	of work of work		Y (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC			A (V	or Town	0 10	County	State
	220. I certify that (I saw the decease causes stated a	ed alive an_ bove, (1) (we)	t) (did not) view the	9 , and bady ofter de	thot in (my eath.	/) (wr) apin	ion death	occurred o			ond from the
	22b SIGNATURE 22d PHYSICIAN S	MX	Bary.	DEGRE	ATTENDIN PHYS	DIF	RECTOR L	STAFF PHYS.		2 1	0/68
00.	NAME (Type)	C. H. Ligo	23c NAME OF	CONCLEDA OD C		(23)	Sandy S				(52mt a)
L	BURIAL, CREMATION, REMOVAL (Specify) BURIAL FUNERAL DIRECTOR	23b. DATE 5-13-68		f Heav		25a. REC'D BY		ON (City or T		(County) Mont. P	(Stote)
24	Francis H.	Barber	Laytons vi 1	le, Md.		DATE MA	Y 16	er <u>Spr</u> 1968	The state of	THE STORY	O The



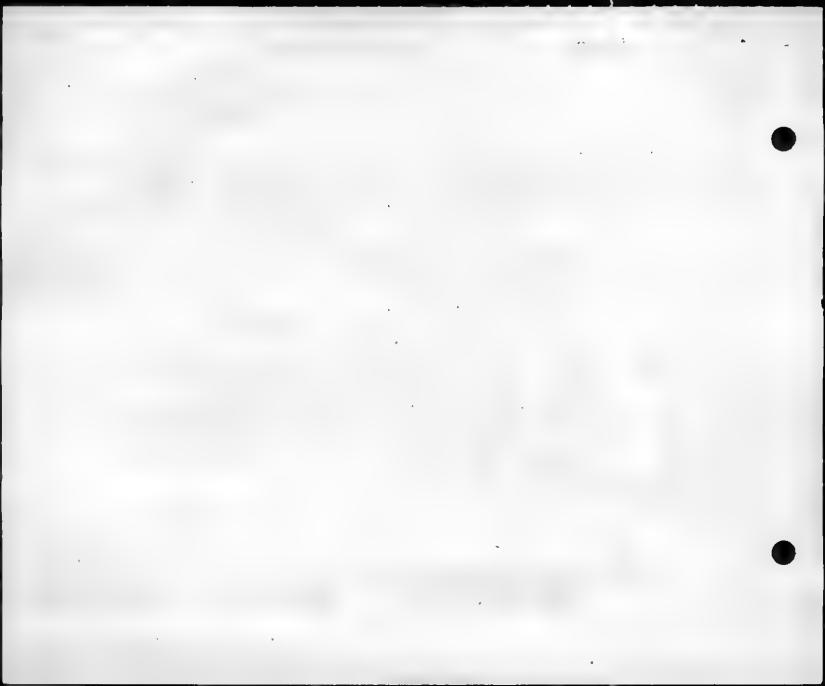
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0.201		C	ERHIFICA	E OF DEAL	Н				
	CEASED NAME	First	Middle	/	Lost /	2a.	DATE OF DEATH			2b. HOUR
(1	ype ar print)	arl-	1/.	72	mu Los	-	Month	1. Doy	Yeor	1850M
3 SE	X	4 RACE		5.	DATE OF BIRTH		6 AGE (IDA	ears IF		IF UNDER 24 HRS.
	emit le	> Who	ite		Rug. 3	10, 18	74 lost birthdo	yrs. Mo	NTHS DAYS	HOURS MIN
	SIRTHP_ACE (State or foreig	n 7b. CIT ZEN OF WE	IAT COUNTRY?	8. MARRIED [NEVER MARRIED 🗌	/ 9. cou	INTY OF DEATH			
11	2.5hington	J.C. 11.	J.H.	WIDOWED	DIVORCED [77	Jont a	onle	2-1	4 Md
10. (ITY OR TOWN OF DEATH		AME OF HOSPITAL OR INST	TUTION (If not in	hospitol 12o.	USUAL OCCI	JPATION (Kind of wor	k done	125. KIND OF B	USINESS OR
ابــا		30 2 "	street usdayess)	211-1	Dan -	5/ A. L	working lite leven to	1	INDUSTRY	
	USUAL RESIDENCE (Where ssian) STATE	deceased lived, if institut 13b. COUNTY	Con Residence before	13c. CITY OR 30	VN 13d. INSIDE	NO [-]	13e STREET AND NICE	BER -	Box 5	26 C
14. [ATHER S NAME First	Middle	Last	is M	OTHERS MAIDEN NA	ME First	// / N	odle	/	Lost
	17.00	798. WI	Wildi	ng	V ani	- 1	and a	ZId		
	WAS DECEASED EVER IN L	S SRMED FORCES?	166 SOCIAL SECURITY N	0 / 17 INFO	RMANT	/	. // Ac	ddress	5/2,	ne.
	es, no, of unknown;	16.	579-05-1	1531 27	Tur Cu	5 211	18/Plus	01/ 7	0514	boule.
	18. CAUSE OF DEATH (Er		ne far (a), (b), ond (c).)				*			ATE INTERVAL SET AND DEATH
	PART I. DEATH WAS	CAUSED BY: AMEDIATE CAUSE (o)	Peritoniti	s, fibr	inous				24 hr	
	441	DUE TO OR	AS A CONSEQUENCE OF	mesent	eric thro	ombosi	s with			1
	Condition's, if only, which gove infarction, small and large bowel									
	nse to immediate cause		AS A CONSEQUENCE OF							
	stating the underlying o	dnze)	W II COMPANDATION OF							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
z		ral infarct			2 12(31111112 21)			,		
CERTIFICATION	190 DATE OF OPERATION	195 CONDITION FOR WH	ICH OPERATION WAS PER	FORMED	20o. AUTOPSY?		20b. IF YES, WERE FII	NDINGS CONS	IDERED IN CER	TIFYING
ERTIF	DI ACCIDENT MAC HUD	SOLMING LAW STATE OF		1	POR P	10				
	21a ACCIDENT WAS UND	4.00	Month Day Year	21c. HOW	INJURY OCCURRED	(Enter nature	e af injury in Part 1 or	r Port 2, Item	1 18)	
MEDICAL	(If either, notify medical	examiner) P.M.	19							
W	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING ETC.	ORY.) 21f LOCAT	ION Street or R.F	D Na	City or Town	(County	State
	22a. I certify that (1) (this baseled) att	anded the decease	d from 7/	711.13	10 68	to 11/2 ed 1	3 10	a Sthat	(1) Javol Jose
	saw the decease	sed alive an	2 13 19	and the	est uz (my) (our	aninian (death accurred an	the date	and hour o	nd from the
	causes stated a	bave, (I) (we) (dd)	(did nat) view the b	ady after dea	th.	,	4		W114 11441 5	
	226 SGNATUR	a Cono	en m.	10 DEGREE	ATTENDING) MED DIRECTOR	R STAFF	22c DAT	E SIGNED	68
	22d PHYSICIAN S	0 (1) 0	0	DE DEGREE	PHYS. L	DIRECTO	K III PHIS Z	7 3	77 (20
	NAME (Type)	KOSCOP	Creen		1800 E	18 St	N.W. Y	1954,	06.2	0006
23a.	BURIAL, CREMATION,	23b DATE	23c. NAME OF C	EMETERY OR CRI	MATORY	23d	LOCATION (City or To-	wn} (Caunty)	(State)
	REMOVAL (Specify)	5-16-68		gton N			lington.	Vir	ginia	
2/	FUNERAL DIRECTOR		Bethesda		2Sa. RI	C'DEBY REGI	STRAR 256 REC	GISTRAR S-SIG	NATURE J	1-0

TO HOMFITAL OR ATTENDING PHYSICEN: The law requires that the Leath certificate be executed within 24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban page should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within P Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 30M REV 1/68



1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 3
HEALTH DEPT.	1 DECEASED MAE First Middle Lost 20 DATE KNOWN Month	Doy Year 2b HOUR
☆ 古 品 、海	(Type or Wilbert Q. ROLDEWEY DEATH MATED X 5-	30 1968
and 3 ta	3 SEX ARCE 5 DATE FOR BIRTH 6. AGE (1/2 years 1/2 UNDER 1 YEAR / 1/2 UNDER 12 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MAIN MOSTIN 300	Year 1968 3 HOUR
arm be be	70 BRTHPLACE (Stote or toreign 70 CTIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR ED 9 COUNTY OF DEATH WIDOWED DIVORCED MAN TOOK	20 9 D () N
after death 8. Give Pages 1, alang with farm with the State Dyleath.	10 CPY OR TOWN OF DEALY 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a JSJA, OCCUPATION (Kind af work done	125. KIND OF BUSINESS OR INDUSTRY
	130 USUA. RESIDENCE (We're deceased Jed, if institution: Residence before 13c. ATY OR TOWN 13d. MSIOE CITY LIMITS? 13e. STREET AND NUMBER	nd Street
haurs Office afte d	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	lost
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ate of the ord to ond	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
tif ca nting arde a as d as	Cirrhosis of liver; Diabetes Mellitus	Too AUTODOVO
This certificate shauld be executed icate, writing the ward pending be farwarded to the Chief Medical be used as a burial-transit permit.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF AN JRY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of numy in Port L or Port 2. In	20. AUTOPSY? YES NO
# - P T	PRIMARYOR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	em 18)
EXAMINER: ute the certiage 4 shauld your files. Page 3 should, cremation, cremation,	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, at work 1 at work	County State
icat executar. Page far CTOR: burral,	22a certify that I toak charge of the remains described above, held an Autopsy X Inspection X, Inquiry X	ond in my opinion
∵ 5 7 7 5 5	death resulted fram: Natural causes . Accident ., Suicide ., Hamicide ., Undetermined manner	
please e director refained.	ACTUAL OF CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
➤ 등 # 등	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATE	SIGNED
	EXAMINER'S RELDEN R. READ M.D. DOPPOSED OF COUNTY) MAY	30,1968
01 01 01 01 01 01 01 01 01 01 01 01 01 0	230 BJRIAL, CREMATION, PARTIE 23c. NAME OF CAMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
	PENOVA. (Specty) Survad June 3, 1968 New Cathedral Cemetery Baltimore	Maryland
VR A15ME (5)	24 FUNERAL DIRECTOR C. Glen Cappress 250. REG D BY REGISTRAR 250 REGISTRAR 5 DATE OF 1968 Kills	Man Indee
10M REV 1 68	Warner E. Pumphrey Inc. 8434 Georgia Ave. S.S. DATE DON J 1960	4

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TO HOSTITAL OR ATTINGING PRYSICIAN: The law requires that the duath certificate by executed within 24 hours after duath

Page 4 may be retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers shauld be filed with the State Dept. of Health priat to burial, crematian, or removal, and in any event, withjar72 h

he funeral ses kand 2 after death

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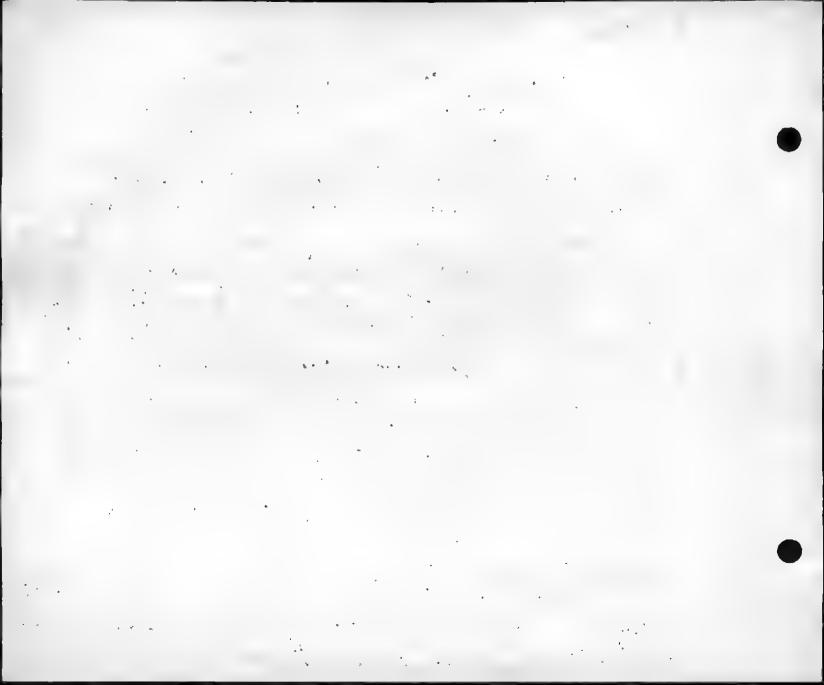
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIEICATE DE DEATH

280

	CERTIFICATE OF DEATH										
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e e		3. SE	Y .	Helen 14. RACE		Is. DATE OF BIR	ru	6 AGE (In Years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
at San		3. 30	Female		while	7 -	19-02	last birthday)	MONTHS DAYS	HOURS MIN	
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ach ept		~	While Nat while	21e. PLACE OF	INJURY AT HOME HARM, STREET, FA	CTORY.) 21f LOCATION Street	or R F.D. No.	City or Town	County	State	
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tter Stat			22a. I certify tha	t (1) (this haspit	al) attended the deceas	ed from // 28/		2/1/	19 00, that		
₽ a			saw the dec	eased alive an_) (did) (did not) view the	19 <u>68</u> , and that in (my) (aur) apinian deal	h accurred an the	e date and hour o	ind fram the	
5 5 5			225. SIGNATURE	n and se tel (Me	/ (ulu) (ulu not) view ine	budy after death.	<u> </u>		22c DATE SIGNED		
% × × × × × × × × × × × × × × × × × × ×			228. SIGNATURE	Langen	1 Dream	DEGREE PHYS	MED MED	STAFF [7]	ZZI DATE SIGNED	g-	
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ar, po			22d. PHYSICIAN'S NAME (Type)	ewavel 1	Morse	2036	Carvell A	e Talso	ma Park	mex	
director shauld		230	BURIAL, CREMATION	23b DATE	10/5/ 23c NAME OF	CEMETERY OR CREMATORY		ATION (Lity or Town)	(County)	(State)	
5.9.4			REMOVAL (Specify)	may	1708 Eate	Cef Heaven Cu		. (I Reaso	nt-2 New	syock	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

DECEASED-NAME 25. HOUP First Middle Inst 20 DATE OF DEATH (Type or print) Month Robert Kruhm Herman May 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years last birthday) Male White 11/18/85 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH A BIRTHPLACE (State or foreign MARRIED NEVER MARRIED U.S.A. WIDOWED TSE DIVORCED | Marvland Montgonery IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street address? during most of working life, even if retired) **INDUSTRY** Olney Montgomery Gen. Hospital farmer farming 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 13rt INSIDE CITY LIM TS? 13b. COUNTY Montgomery Maryland 16011 Oursler Road Burtonsville 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Last Henry Kruhm Marv Igar 17 INFORMANT records 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address Yes, no, or unknown) () yes give war or dates of service) 217367617 Montgomery Gen. Hospital. Olney. Md. APPROX MATE INTERVAL BETWEEN ONSET AND OFATH 18 CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c)), ERICARI PART I, DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave? rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO 🔲 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 210 ACCIDENT WAS UNDERLYING 1215 TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. | 21f LOCATION Street or R.F.D. No. City of Tawn County State While Not while at work 220 | certify that (1) (this haspital) attended the deceased from 19 68, and that in (my (our) opinion death accorded on the date and hour and from the the deceased olive oncauses stated above (1) (we) (d.d) (dd not) wew the body ofter death. 2 6 SIGNATOR 22c. DATE TIGNED MED. DIRECTOR PHYS 22e. ADDRESS NAME (Type) Donald R. Lewis, M. 700 Cloverly st., Silver Spring, 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Tawn) 230 BURIAL, CREMATION, 23b DATE (State) REMOVAL (Specify).

250 REC'D BY REGISTRAR

25b. REGISTRAR S SIGNATURE

VR A15 (4) 30M REV. 1/68

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After this certificate

O FUNERAL DIRECTOR:

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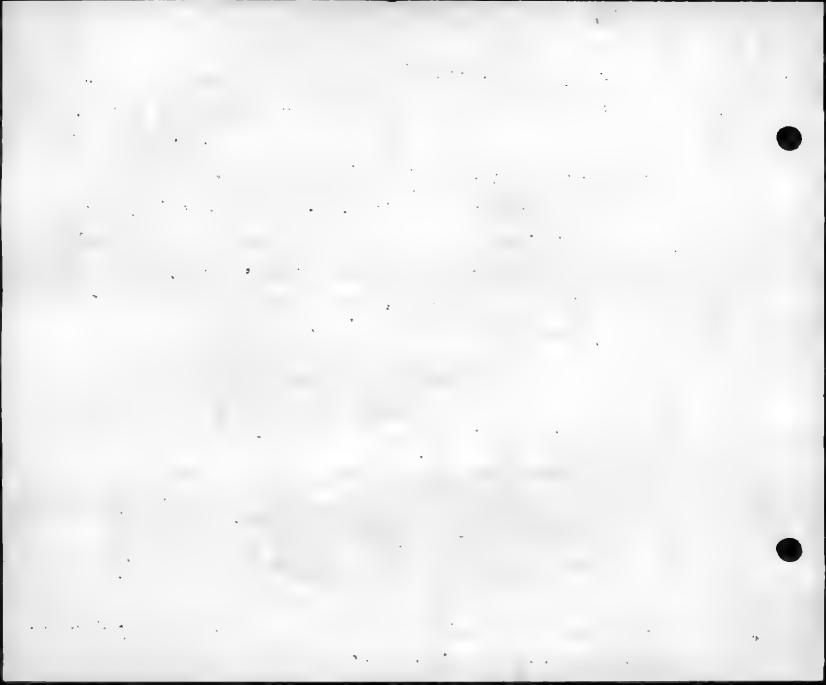
Inc. Silver Spring. Md.

25a. REC'D BY REGISTRAR

Charles



		SMOOK		MARYLAN	D STATE DE	PARTMENT OF I	HEALTH	
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11	It	em#8,FilmGLO1	6/3/69km	(CERTIFICAT	TE OF DEATH		1
£ -2 £		CEASED NAME First		Middle	,	Lost	20. DATE OF DEATH	2b HOUR
unerol and 2 r deoth		ype or print) Sally	Eli	zabeth) Lo	2pole	May Month 260	1968 530 N
# 32 # /	3. SE	The state of the s	4. RACE			DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR
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They	7a. l	tRTHPLACE (State or foreign try)	75. CITIZEN OF WHA		MARRIED WIDOWE	NEVER MARRIED	9. COUNTY OF DEATH Montgo	mery Md
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ng p The		18. CAUSE OF DEATH (Enter or		far (a)-(b), and (c)	}			APPROXIMATE INTERVAL BETWEEN ONSET AND QUATH
offendi offernit. Ion, or ri		PART 1. DEATH WAS CAUSE IMMEDI	ATE CAUSE (o)	134hr	13/2/	marken	-ua	2 cloup
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the the mot		Conditions, if any, which gave rise to immediate cause (a)	(b)	Jane)	Mari	Herry	21/2 (M) -1-7	1 Gay.
\$ 15 m t V		stating the <u>underlying cause</u> lost.		A CONSEQUENCE OF				1 6
physical physical standard		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO TH	IE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
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The law rootending has been se as the th prior to	CERTIFICATIO!	190-BATE OF OPERATION 196	CONDITION FOR WHICE	H OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO [206, IF YES, WERE FINDINGS. TAUSES OF DEATH?	CONSIDERED IN CERTIFYING
AN: The of or		210 ACCIDENT WAS UNDERLYI	NG 216 TIME OF I	Month Day 1901	21c. HOW	INJURY OCCURRED (Ente	er noture of injury in Part 1 or Port 2,	Item 18.)
Sich spirit de la	MEDICAL	(If either notify medice exami	(ner) P.M	, 11	9	//3		
PHY he ho this co efoch Dept	2	21d HAURY OCCURRED 21e White Hor white	PLACE OF INJURY	AT HUME, FARM, STREET, FAI DEFICE BUILDING, ETC	LIORI, 231 LOCAT	TION Street or RFD No	City or Town	County State
ING Dy fl iter se d itote		22o I certify that (I) (th	ns hospitol) otten	ided the deceos	ed from I	Muan 1. 19	n 1, to 1/// 1/2/2 , 19 iniger death accurred on the d	that (I) (we) los
R. Al		sow the deceosed of couses stated above	olive on Vice	the view the	9 to 0, and the	hot in (my) (dur) op	tnior death occurred on the d	ote and hour and from the
Short Title		22b. SIGNATURE	e, (i) (we) (did) (a	The state of the s	body one neo		124	DATE SIGNED
OKE 18		James	2 /4./Fil	THA	DIF DEGREE		MED STAFF DIRECTOR DIRECTOR DIRECTOR	ch 26./968
May RAL C		22d. PHYSICIANS NAME (Type)	/		_	22e. ADDRESS		1 1
NER.		10010	es m.	40+10	0			<i>()</i>
Page 4 may 10 FUNERAL director, pag	23 a.		- 29- 68		CEMETERY OR CRE		23d LOCATION (City or Town) Benevola, Wa	(County) (State)
4		FUNERAL DIRECTOR	- 27- 00	ADDRESS		-	BY REGISTRAR 2Sb REGISTRAR	
VR A15 (4) 30M REV 1/68		hn H. Bast, Jr	. 112 N. I					mela Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month May 7 Doy Boy Baby Larman within 72 hours after 3. SEX 4. RACE 5 DATE OF BIRTH IS UNDER 1 YEAR IF JNDER 24 MRS. 6. AGE (In years or last birthday) 42 White hrs YRS. Male Hav 1.68 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [+-ontgomery Jon Laconterry 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR qive street address) during most of working life, even if retired) Ulney lonumomery General Hospi 130 USUAL RESIDENCE (Where deceased lived, it institution. Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d HSIDE CITY LIMITS? 13b COUNTY Frederick YES 1 NO [It Airv Woodville Road vland ond in any Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Last Gladys Giles Larman Harry Tarion 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) buriol, cremation, or removal, Montgomery General Hospital signed by the ottending buriol-tronsit permit. Th 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c TWEEN ONEY AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CALSE (c) Conditions, if ony, which gave) rise to immediate cause (a). DUE TO OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING .90. DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗔 210 ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) je OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detoched 21e. PEACE OF INJURY (AT HOME, FARM, STREET FACTORY) 2 f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Tawn County Store While Not while at wark at wark TENDING 22a. I certify that (1) (this hospital) ottended the deceased from 5 1 , 1967, to 5 1, 1967, that (1) (we) tast sow the deceased alive on 5 1 1968, and that in (my) (our) apinian death occurred on the date and haur and from the sow the deceased alive on 5/1 1968, and that causes stated above, (1) (did not) view the body after death. Poge 4 may be retained 22c DATE SIGNED 226 SIGNATURE ATTENDING DEGREE director, page 3 DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. James P. Kerr BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) FUNERAL DIRECTOR 256, REGISTRAR S SIGNATURE VR A15 (4) 30M REV 1/68 DATE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tühekal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs affer depth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

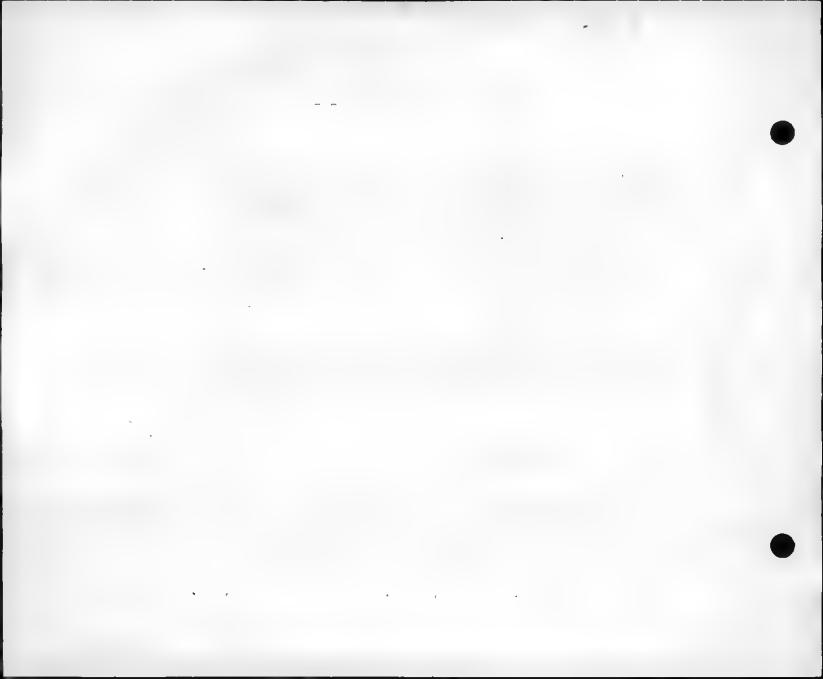
VR A19 (4) 30M REV 1/68

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	3 SE	S DATE OF BIRTH 1/2X/1912 6 AGE (14 years 15 UNDER 14AR 16 UNDER 24 HOURS AM MONTHS DAYS HOURS AM									
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	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSP TAL OR INSTITUT ON (If not in hospital during most of working life, eyen if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, eyen if retired.) 13. NAME OF HOSP TAL OR INSTITUT ON (If not in hospital during most of working life, eyen if retired.) 14. NAME OF HOSP TAL OR INSTITUT ON (If not in hospital during most of working life, eyen if retired.) 15. KIND OF BUSINESS OR	71								
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	14 F	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost									
	1	firm with There Heff net.									
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		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH									
		Part I. Death was caused by: IMMEDIATE CAUSE (a) Pulmonary edema, marked, bilateral									
		DUE TO, OR AS A CONSEQUENCE OF Liver cirrhosis									
		rise to immediate cause (o).									
		stating the underlying cause (c)									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
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,	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES TO NO CAUSES OF DEATH?									
	MEDICAL CE	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) The contributing Cause of Death Contributing Contributing Cause of Death Cont									
	ME	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No City or Town County State of work 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No City or Town County State									
		220 certify that (1) (this hospital) ottended the deceased from May 3, 1968, to May 3, 1968, that (1) (we) 1	asi								
		saw the deceased alive on	saw the deceased all ve on 3 1967, and that in (my) (our) opinion death occurred on the date and hour and from the								
		226 SIGNATURE 226 SIGNATURE MED STAFF 22c DATE SIGNED 22c DATE SIGNAL PHYS DIRECTOR PHYS DIRECTOR PHYS									
		22d PHYS CIAN S NAME (Type) 22e ADDRESS									
7	23a.	BURIAL, CREMATION, 236 DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)									
		REMOVAL (Specify) 5/6/68 Boyds Presbyterian Boyds Monty mo	l								
	24.	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR J 25b. REGISTRAR S SIGNATURE ALLE DATE MAY 7 1968 ACTION OF THE PROPERTY									
		18 amenda Male									

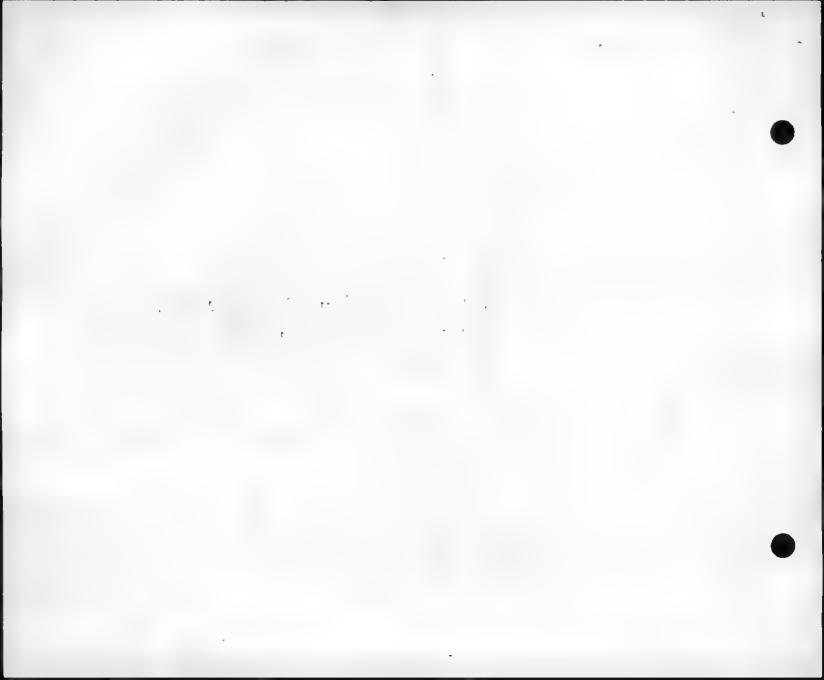


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 57288 CERTIFICATE OF DEATH DECEASED NAME Last 2a DATE OF DEATH 5 Month 10 Day 68 Year Fiest death. and (Type or print) LAUTENSCHLAGER PAUL ELSASS 4. RACE 5. DATE OF BIRTH IF LINDER 1 YEAR IF JNDER 24 HRS. 3. SEX 6. AGE (in years last birthday) 65 6-6-02 MALE WHITE 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED country) USA 0H10 WIDOWED DIVORCED MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) RETIRED aive street address) INDUSTRY requires that the death certificate be executed with carban OLNEY OLNEY MONTGOMERY GENERAL 130 USUAL RESIDENCE (Where deceased lived, it institution Residence before 113c City OR TOWN PASTOR event, 13d INSIDE CITY L.M TS7 13e STREET AND NUMBER odmission) STATE MARYLAND 136 COUNTY HOWARD NO X BURNT WOODS ROAD GLENWOOD 15 MOTHER'S MAIDEN NAME FIRST 14. FATHER'S NAME E rst ELSASS EMMA ٦. LAUTENSCHLAGER CHARLES 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) 237-64-3462 MEDICAL RECORD DEPT. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosas 10 days IMMEDIATE CAUSE (a) ____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) rise ta immediate cause (o), (DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(last. U 7 11 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) O FUNERAL DIRECTOR: After this cert ficate has been Chronic pulmonary emphysema 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes №0 YES X 21a. ACCIDENT WAS UNDERLYING | 21b TIME OF NJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) or contributing cause of of ath (If either, notify medical examiner) P.M. HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R F D No. C by or Town County While Mat while at work 22a. I certify that (I) (this descript) attended the deceased from Tilly 19 , 1967 , to May 10 , 1968 , that (I) (MA) ast saw the deceased alive an May 9 1968 , and that in (my) (say) apinian death accurred on the date and hour and from the causes stated above, (I) (MA) (did) (MA) view the body after death. 22c. DATE SIGNED 22b. SIGNATURI hules S. Whitalie, M. P. DEGREE PHYS MED DIRECTOR May 11, 1968 directar, page 3 shauld be filed v 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) CHARLES S. WHITAKER, M. D. CLARKSVILLE, MD. 230 BURIAL CREMATON, 230 DATE 230 NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 5-14-68 ST Johns Luthern Ellicotte G 24. FÜNERAL DIRECTOR HIGINSOLDM-31ACK Ellicotte G, Md. DATEMAY 2 1 1968 FCLE 23d LOCAT ON (City or Town)

30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME 2o. DATE OF OEATH 2b. HOUR First Lost 40 A.M (Type or print) MASON de IF JHDER 24 HPS 4. RACE 6 AGE (n years IF LINDER I YEAR requires that the death certificate be executed within 24 hours ofter 3. SEX last birthday) HOURS Lema 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED popers MONTGOMER WIOOWED DIVORCED [120 USUAL OCCUPATION (Kind of work done 10' CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) **INDUSTRY** completely, BETHESDA Pod 5 130 US.A. RESIDENCE (Where deceased lived, if institution, Residence before 13d ENSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Chevy remove nuni Gomer 14. FATHER'S NAME M ddle M-ddle MOTHER'S MAJDEN NAME First physician ond 160 WAS DECRASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16b SOCIAL SECURITY NO Yes, no, or unknown) (If yes give wor or dates of service) or removal, attending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial infarction, recent & old, left ventricular wall & interventricular septum cremotion, Coronary arteriosclerosis. severe the signed by the buriol-tronsit p buriol, cremotic Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the prior to peen 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING Nos CAUSES OF DEATH? YES 🖂 NO for use Health ficate the hospital or 21p. ACC DENT WAS LINDER, YING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 8) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year detached f te Dept. of l (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote OFFICE BUILDING, ETC While Not while O FUNERAL DIRECTOR: After this ot work of work ATTENDING 22a I certify that (1) (this haspita) attended the deceased from MAY 19 EX_, to //// 1968, and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive anbe retained causes stated abave(())(we)(did)(did nat) view the bady after death 22c DATE SIGNED DEGREE DIRECTOR director, poge should be filed PHYS 22e. ADDRESS O HOSPITAL PHYSICIAN 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Removal (Specify) Columbus, Ohio 5-24-1968 **ADDRESS** 2So REC'D BY REGISTRAR 25b REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. DATE MAY 30M REV 1768 Hash. D.C.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) a COUNTY <u>و</u> b. COUNTY Montgomery MARYLAND Md . Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown)
Bethesda Years Bethesda D d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4977 Battery Lane YES | NO | 4977 Battery Lane . 5 NAME OF First Middle 4. DATE Month Yeor Day DECEASED P LEFSE MAY (Type or print) 68 DEATH 6 HOMARD 19 WATSON 5. SEX 6. COLOR OR RACE 7. MARRIED D NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Davs Hours DIVORCED T WIDOWED [Male White KR yrs April .1 900 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Washington 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Watson Leese Jennie C. Luckett 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 578_58_0676 Samue iane. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH a PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ; gave rise to immediate Per **DUE TO** couse (o), stoting the underlying couse lost. 🐸 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [NO X 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED, (Enter noture of Thjury in Part I or Part II of item 18. 80 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. [City or town] Doy, 20d. INJURY OCCURPED (County) (State) factory, street, office bldg., etc.) O. ft. While Not while at work 🗀 at work 21. I certify that I attended the deceased from 196.4. that I last saw the deceased and that death accurred at 43 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) FUNER/ 22a. BURIAL, CREMATION, 22b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria 5/9/68

Mt. Olivet Cemetery

ADDRESS

Jos. Gawler's Sons. 5130 Wisconsin Ave. N.W.

Frederick

24a. REC'D BY REGISTRAR

DATE

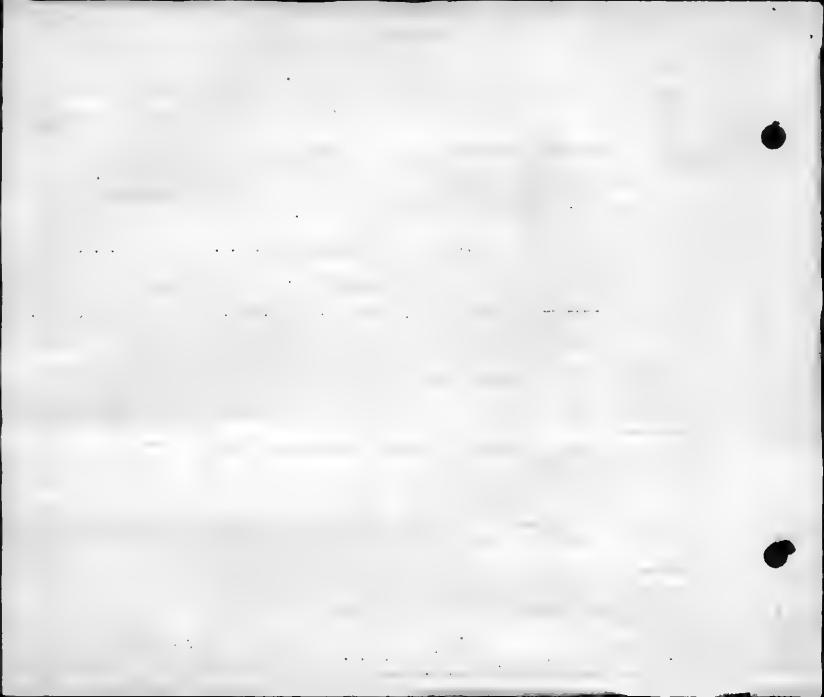
Maryland

246. REGISTRAN'S SIGNATURE

0 VS A15 (4) 15M 9/55

23, FUNERAL DIRECTOR'S SIGNATURE

hou



17291

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DI	HTA

,7297

		481171111417115	, DM/TIII							
	CEASED NAME First Middle	Lost		2a. DATE OF DEATH		2b. HOUR T				
- (ype or print) ROBERTA S.	LEIBE	94	Month	Day Year	9:110M				
3 5	X (4 RACE	5 DATE (6. AGE (n yea						
1			/ /		MONTHS DAYS					
	FU	6.			YRS.					
7a,	DIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED XNEVER	MARRIED - 9.	COUNTY OF DEATH!						
	U.S.A	WIDOWED 🛣 D	IVORGED-	MONTON		Md.				
10		OR INSTITUTION (If not in hospi	to: 120 USUAL	OCCUPATION (Kind of work	dane 12b. KIND C	OF BUSINESS OR				
<	SILUER SPRING HOLY CR	OSS HOSD.	during the	of working a lite, even if ret	red) INDUSTRY					
130.	USUAL RESIDENCE (Where deceosed lived, if institution, Residence by		13d. INSIDE CITY LIMI							
adm	ssian) STATE 13b. COUNTY	WASHINGT	YES NO [1 50/3/4	ILL ST. N	.w.				
14.	ATHER'S NAME First Middle L		S MAIDEN NAME Firs		dle	Last				
	Alexander S. Sc	mervelle	Mari			T.T. or A.				
160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SEC.	RITY NO 17 INFORMAN		a Loui	se reskensing	West MD				
	1 1 1 10 and annual and a face of a constant				Marco I to Lilia	5 COLL PLID				
<u></u>		-0821A Ros	ss B. Za	terman TITI	MILSCHE	DX MATE INTERVAL				
	18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), ar	nd (c).)				ONSET AND DEATH				
	PART 1, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	1 farture								
	DUE TO OR AS A CONSEQUENCE	E OF								
	Conditions, if dry, which gove)									
	rise to immediate couse (o).									
1	stoting the underlying couse Due 10, OR AS A CONSEQUENCE OF C									
1	1051 (1) alinos lerole yent diseal									
ш	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
z										
₩	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION W	AS PERFORMED 200 /	AUTOPSY?	20b IF YES, WERE FIND	INGS CONSIDERED IN	CERTIFYING				
1 E		YES	NO 🖂	CAUSES OF DEATH?						
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21c HOW INNERY		nature of injury in Part 1 or F	Part 2 Item 18 \					
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day		occounts femal .	nations at injury in variety by t	2, 110111 10-7					
WEDICAL	(If either, notify medical examiner) P.M.	19								
] ~	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STR. While Not while Place of Injury) (AT HOME, FARM, STR. OFFICE BUILDING, ET	EET, FACTORY.) 21f. LOCATION	Street ar R.F.D. Na.	City or Town	County	State				
1	While Not while at work									
	22a. I certify that (I) (this_hospital) attended the de	ceased from	, 1960	2, to May	1, 195, +-, the	it (I) (we) last				
	saw the deceased alive an									
	causes stated abave, (I) (we) (did) (did nat) view	the bady after death.								
	226 ATGNATURE	A T TZ	NDING FOR MEI	D STAFF	22c. DATE SIGNED	L				
	ed warkliche	DEGREE PHY	DIR	ECTOR PHYS.	5-13	2-67				
1	22d. PHYSICIAN'S		ADDRESS		Sil					
	NAME(Type) Edward J. Richard	S	10110	Georgia Ave	nue Spr	ing Md.				
230	BURIAL CREMATION, 23b. DATE 23c NAN	E OF CEMETERY OR CREMATOR		23d LOCATION (City or Town		(Stote)				
130	REMOVA, (Sperify)		ĺ	` '		(31010)				
01	Burrar May 24. 1968	Gbenwood Ce	retery	Washingto REGISTRAR 256 REGIS	IN D. C.	0				
24	FUNERAL DIRECTOR 1 1 9 ADI	DRESS 2901-14-	ZSO KECD BY	V O 4 40CO REGIS	Marie	udge				
	Me D. N. Names Co+	I. U.W.	DATE MA	Y 2 4 1968	1	1 0				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely for director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon, should be filed with the State Dept of Health priar to burial, crematian, or remaval, and in any event, with Page 4 may be retained by the haspital ar attending physician.

oges. Lond 2 papers Pages, Lond 2 Apr 72 bours after death.

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VR A15 (4) 30M REV 1/68

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M'ARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 97

	Fig. 40 Apr	CERTI	FICALE OF DEATH		,
1 DECEASED-NAME	First	Middle	Last	2g. DATE OF DEATH	2b HOUR
(Type or print)	Florence	Brook	Leizear	Month Doy	1968 430 M
3 SEX	4. RACE		S DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Female	whit	70.	8-8-8	/ lost hathday) 1 6	ACRITHS CAYS HOURS MIN
To BIRTHPLACE (Stot			IED NEVER MARRIED	9. COUNTY OF DEATH	
country)	uland U.S.	A. WIDOW		Montgomery	Md.
10 CITY OR TOWN O	DEATH 11	NAME OF HOSPITAL OR INSTITUTION		L OCCLPATION (Kild of work done	126. KIND OF BUSINESS OR
Takono	Park 9"	Was hinatonSa	in. + Hosp during m	ost of working life, even firetired)	own home
130 USUAL RESIDENC	LE (Where deceased lived, if instit	ution Residence befare 13c (IT)	OR TOWN 134 INSIDE CITY L	MITS? 130 STREET AND NUMBER	
odmiss an) STATE	yland 136 COUNTY	ontannery Silv	erSpring YESM No	605 Thaye	r Ave
14. FATHER'S NAME	First Middle	Last	IS. MOTHERS MA DEN NAME F	ırst M.adle	Lost
	Charles B.	Graeves	1 Lillie		Fidler
	EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO	17. INFORMANT	Address	4545
Yes, no, ar Linknov	Mil) (. kez dise men en ernez en zeustra)	578-07-5592-	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	DEATH (Enter only one couse per	tine for (a), (b), and (c).)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Chremia			Known 17 days
403		R AS A CONSEQUENCE OF		2 1	11.6
	iny, which gave)	arteriorcaro	tri Kidney 1	esease	unknown_
	derlying couse DUE TO, OR	AS A CONSEQUENCE OF	-		Clubury
last. 44	6-2 A 17-	Generalized a	ulesioscleures		
PART 2 OTHER	SIGNIFICANT CONDITIONS CONTRIB	SUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE ORG	/	
3 1	kobeter melletu		enous right l		
5 190 DATE OF OF	PERATION 196. CONDITION FOR W	VHICH OPERATION WAS PERFORMED		20b IF YES, WERE FINDINGS COI CAUSES OF DEATH?	NSIDERED IN CERTIFYING
190 DATE OF OF			YES NO		
	WAS UNDERLYING 216 TIME NG [] CAUSE OF DEATH HOUR A.M	OF INJURY 21 L. Manth Day Year	c HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2, the	am 18)
(If either, notif	y medicol exominer) P.M	19			
₹ 21d INJURY 0 Wh.le \ Nat	CCURRED 21e PLACE OF INJURY	(AT HOME FARM, STREET, FACTORY) 21	If LOCATION Street ar R.F.D. Na	City ar Town	County State
at work " at	work —		10.6	"/ to 1/4 > = 10/	#2 Al-A (IV / V) .
228. I certii	fy that (1) (this loopital) at	hended the deceased from	and that in (my) (aux) and	nian death accurred an the date	e and haur and from the
	stated abave, (i) (we) (dia			man would accome an injection	o una noor ona train mo
22b. SIGNATURE	11-		ATTENDING N	NED. STAFF 22c D/	ATE SIGNED
	Cour H. LA	aun MD.	DEGREE PHYS.	RECTOR PHYS 1 200	ay 25 1968
22d PHYSICIAN NAME (Typ		M 5)	8237 George	min Ain Silver	France And
	Transn N. Dra				opring ma,
230 BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE	23c NAME OF CEMETERY	- 11 <u>- 21 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	23d LOCATION (City or Town)	(County) (State)
SHELAC		68 Rock Creek		Washington D. Y REGISTRAR 25b. REGISTRAR'S S	IGNATURE
Contract of the	S C. Glen Cart	er 8434 Georgia	a fluen MA		IONALUKE
warner	t. Pumphrey. In	c. Silver Spri	na. Ma DATE MI	AY 3 1 1968 - Class	-1-1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers—Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 30M REV, 1/68

after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24s.

Page 4 may be retained by the haspital or attending physician.



24 FUNERAL DIRECTOR
W. Ernest Jarvis Co., Inc.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	3 41.00		CERTI	FICATE	OF DEATH			*
(PLACE OF DEATH D. COUNTY Monta	V FFE E F I	3.7	RYLAND 2	o. STATE Md.	ere deceosed lived, if institutio b. COUNT	Moret a	mong C
	CITY OR TOWN (If outself write RURAL and give no S:	ey Spyin		4	Silver	de corporate limits, write RURA	it and give nearest	
8	1723 Piney	Branch 1		N. Carrier		oy Branch Ro		IS RESIDENCE ON A FARM? ES NO
	NAME OF DECEASED Type or print) Type or print)	Sito	Edvard	0 1	.eoy	OF Month	9	Year 19 6 8
5 :	Male W	hite w	ARRIED NEVER MARR	EO /	-6- 1900	0.0	Months Oays	Hours Min
	USUAL OCCUPATION (Give king most of working life, ever		10P KIND OF BUSINESS OR INDUSTRY		Havana,	State, or foreign country) CUBA	12 CTIZEN OF COUNTRY?	
13	FATHER'S NAME	luardo		14		Dolores		
	WAS DECEASED EVER IN U.S., no, or unknown) (If yes g		16 SOCIAL SECURITY NO 218 - 56-7		vangelina	Leon Martinez	9051 Ma Silver St	nch strike
	PART I. DEATH WAS	CAUSED BY. AMEDIATE CAUSE (0)	Broncho	וו ע גוריין וו	ionitis		ONSE	RVAL BETWEEN ET AND DEATH VER
	Conditions, if ony, which is		Gliobasto	ma,	Right, T	emporal	61	nonths
	stoting the underlying colors.	(c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(0)						WAS AUTOPSY PERFORMED? NO 🔀		
CERTIFF	200 ACC DENT WAS UNDER OR CONTRIBUTING CAUS	E OF DEATH	205. DESCRIBE HOW INJURY	OCCURRED. (Ent	er nature of injury in Pos	rt I or Port II of item 18.)		
MEDICAL	20c TIME OF INJURY Mor Hour o.m. p.m.	nth, Day, Year 19	20d INJURY OCCURRED While Not While of work		OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	21 I certify that saw the decease		attended the decease	d fram 🔑 :		68, to 5-9 - 30 AM, fram causes a	, 19 <i>68</i> , tho and an the date	
	220 SIGNATUR	APra	15	M.O.	PHYS DI	EO. STAFF PHYS D	22b OATE SIGNE 5 - 9	7-68
	22c. PHYSICIANS NAME (Type) B	enito t	1. PRATS		22d. ADORESS 7507	Arlington	Rd Bei	4. md.
230	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE THEREOF	23c NAME OF CE	METERY OR CRE		23d LOCATION (City or Tow	, , , , , , , , , , , , , , , , , , , ,	(Stote)

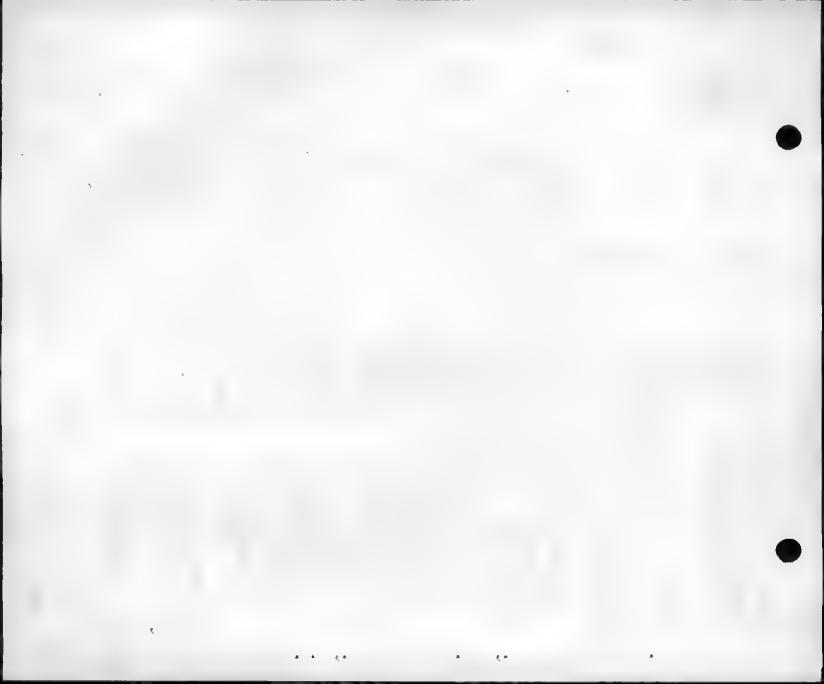
1432 You St., N.W.

1968

250. REC'D BY REGISTRAR

O HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate Re executed within 24 hours after Beath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled i director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papel should be filed with the State Dept. at Health priar to burial, crematian, ar remoyal, and in any event, within 77 Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH Last 25. HOUR death. First (Type or print) 6. AGE office years HE LINDER 1 YEAR HF UNDER 24 HRS law requires that the death certificate be executed within 24 haurs after last birthday). MONTHS physician and campletely filled in by hau 7o. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED papers. country DIVORCED within 72 1K4:01A 10 CHYLOR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION Kind of work don't 125 KIND OF BUSINESS OR give-street address) during masy of working life, even if retired.) INDUSTRY please remave carban event, 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13b COUNTY Washingto and in any 14 FATHER'S NAME MOTHER'S MAIDEN NAME First Middle Middle ⊾ast 160 WAS DECEASED EVER IN S ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT Address Yes, ng, or unknown) (tyes give war or dates of service) or removal, the attending phy isit permit. Then APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c).) BETWEEN ONSET AND-OFATH PART I DEATH WAS CAUSED BYIMMEDIATE CAUSE (o) crematian, Canditions, if any, which gove) burial-transit nse ta immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KELATED TO THE TERMINAL DISEASE-OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO X YES T for use Health use 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year P.M. (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 192. 2. to // lave saw the deceased alive an... 1965, and that in (my) (our) apinion death accurred on the date and hour and from the 4 may be retained shauld causes stated above, (1) (we) (aid) (did not) view the body after peath 276 SIGNATURE 22c. DATE SIGNED APTENDING director, page 3 should be filed v PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S O HOSPITAL 22e ADDRESS NAME (Type) Page 230 BURIAL, CREMATION, 23b. DATE 23c. NAME-OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Spec fy) BURIAL REGISTRARYS SIGNATURE FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 DATE



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ID NOTIFIED ATTINGED PHYSICEN: The law requires that the death certificate be executed within 24 hours oft<u>er d</u>eath

Page 4 may be retained by the haspital or attending physician

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEAT	
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LEKTIER ALF UF DEAL	п.

			CERTIFICATE	OF DEATH			2
	ECEASED NAME Fir	rst M.ddle	Last	2e. D.	ATE OF DEATH		2b HOUR
(1	Type or print)	LMA	LEY	VIS	Month Do	3 Year 19	A'InAM
SE	EX	4 RACE	S. DATE		6. AGE (In years		IF UNDER 24 HRS.
	NALE	WHITE	· MA	18- 1914	last birthday) YRS	MDN'HS DAYS	HDURS MIN
	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER	MARRIED 9 COUN	TY OF DEATH	,	
UUUI	VIRGINIA	HMERICA		VORCED 🗍	LONTGOME	RY.	Md.
0 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL give street address)	L OR INSTITUTION (f nat in bespi		AT ON (Kind of work done orking life, even if retired.)	126 KIND OF BI	USINESS OR
	TROMA TAR	2 K YVHSHI	NGTON DAN	/,		INDUSTRI	
	USUAL RESIDENCE (Where dece	eased lived, if institution Residence to		YES NO T	13e. STREET AND NUMBER	20 1	1-
	I NA LYARIU	NIONIGON			1109 CEDI	tr. MY	F.
4	FATHER'S NAME First	Meddla j	Last 15 MOTHER	S MAIDEN NAME FIRST	Middle		Lost
1/	VYTLL	H/V . L-E	WIS WIZ	LTE VAUG	HAN		
		ARMED FORCES? 16b SOCIAL SEC	EURITY NO 17 INFORMAN		Address	WTER	
-		1/2/-/-	-660 MKS YI	TYWH /	ENT2	YILFF	TE INTERVAL
		anly one cause per line for (a), (b), a		1 -4 1	. 11		ET AND DEATH
	PART I. DEATH WAS CAU IMME	DIATE CAUSE (0) CA MOU	ith c metas	aces to stu	in and bow	2	
	1457	DUE TO, OR AS A CONSEQUEN	ICE OF \				
	Conditions, if any, which gov						
	rise to immediate couse (a stating the underlying caus		ICE OF				
	last.	(c)					
	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	NINAL DISEASE OR CONDITION	N GIVEN IN PART I(a)		
z	, +5						
ATI0	19a DATE OF OPERATION 19	76. CONDITION FOR WHICH OPERATION	WAS PERFORMED 20a.		206 IF YES, WERE FINDINGS	ONSIDERED IN CER	TIFYING
H			YE	MO	CAUSES OF DEATH?		
떙	21a. ACCIDENT WAS UNDERLY	210 11112 21 11100111		OCCURRED (Enter nature	of injury in Part 1 or Part 2,	Item 1B.)	
MEDICAL	OR CONTRIBUTING CAUSE DE D		Year 19				
MED	21d. INJURY OCCURRED 2	TO PLACE OF INJURY (AT HOME, FARM, ST	FREET, FACTORY 1 21F. LOCATION	Street or R.F.D. No	City or Town	County	State
	While Not while at work	OFFICE BUILDING, I	arc.			,	
		this hospital) attended the de	erenced from 50	-1 , 1968 , 1	tn 5-3 19	<u>68</u> , that (I) (we) lost
	saw the deceased	alive on	19, ond that ir		eoth occurred on the d	ate ond hour a	nd fram the
	causes stated aba	ive, (I) (we) (did) (did nat) view	w the body after death.	. ,, \ ,			
	22b SIGNATURE	U Ral	11- 14-0 ATT	ENDING - MED.	STAFE 22c	DATE SIGNED	
	MINDE	c H. Dung	CI CO VORGRED PHY	S. LJ DIRECTOR	D PHYS. D 3	13/68	
	22d. PHYSICIAN'S NAME (Type)			ADDRESS 0820 6A-K	ING, WHEATON	U. MONT.	Ma
-							
30	BLRIAL CREMATION, 23 REMOVAL (Specify)	DATE 230 NA	ME OF GEMETERY OR CREMATO	23d .	OCATION (City or Toyot)	(County)	(State)
		1746-1968 Nes	MULL POSI	elecy 1	iggir pla.	Ren	1110
24	FUNEDAL DIRECTOR	1/1/	st bareall &	2 25a. REGO BY REGIST		SIGNATURE	
	X Weller	Naller	775	DATE MAY	6 1968 &	Charley	seeder.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fazerally director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 77 hours after death. VR A15 (4) 3DM REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle First Lost 20. DATE OF DEATH 26 HOUR law requires that the death certificate be executed within 24 hours ofter death (Type or print) and completely filted in by the funeral remove corban popers. Pages 1 and SEX 5 DATE OF BIRTH IF UNDER 24 HRS MONTHS DAYS HOURS corbon popers. Po ent, within 72 hours E. BIRTHPLACE (Stote or foreign 76 CITIZEN OF 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED 🔀 DIVORCED 11 NAME OF HOSP 10 CITY OR TOWN OF (If not in hospito work done MIND OF BUSINESS OR give street oddress) during most of working We 30. USUA, RESIDENCE (Where decrosed lived, if institution: Residence before 13e. STREET AND NUMBER STATE 13b. COUNTY 14. FATHER'S NAME Middle son pleose ARMED FORCES? INFORMAN' Yes, no. or unknown) or removal. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-tronsit permit. buriol, cremotion, or re Pulmonary infarction, right 16wer lobe days MMEDIATE CAUSE (0) pulmonary thrombosis Conditions, if any, which gave? rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) been os the prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING O FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES NO F 210 ACCIDENT WAS UNDERLYING 2 b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 힏 OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) detached (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 2 d NURY OCCURRED 21e PLACE OF INJURY City or Town Stote County White Not while of work at work ATTENDING 220. I certify that (I) (this haspital) oftended the deceased from. 19 65, and that in (my) (our) opinion death occurred an the date and hour and from the saw the deleased alive and should be retained causes stated above, (1) (see) (did) (did not) view the bady after deoth. 22b, SIGNAT 22c. DATE SIGNED director, poge 3 should be filed v DEGREE DIRECTOR 22e ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION (County) (Stote) Burial (Specify) 5/10/68 Ft. Lincoln Cometery Bladensburg. Maryland FUNERAL DIRECTOR VR A15 (4) 1968 30M REV 1/68 oseph Gawler's Sons 5130 Wisc. AvenW Wash DC DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09246 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR death. requires that the death certificate be executed within 24 hours after death (Type or print) 6. AGE (In years 3. SEX S. DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HRS. HOURS MALO 7o. BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? popers 3 (auntry) physician and completely filled in en please remove carbon papers WIDOWED DIVORCED [ID CITY, OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 130. USUAL RESIDENCE (Where deceased lived, f institution: Residence before, 13c CITY OR TOWN 3e STREET AND NUMBER odm ssion) STATE ... 13b. COUNTY 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Unknown Unknown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no los unknown) (If yes give wor or dates of service) lible W Street, N.W. Hope Lewis - Wife 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND/DEATH PART + DEATH WAS CAUSED BY ULCERS MULTIPLE GAST RIC IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 10 Conditions, if any, which gave) GENERALIZEN ARMRIOSCLERGS 15 rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been os the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 for use Heolth NO 🔲 21o ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. be detoched 21d INJURY OCCURRED 21a, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while at work " at work 22a. I certify that (I) (this hospital) attended the deceased fram_ saw the deceased alive an 196, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22a, ADDRESS NAME (Type) 23d LOCATION (City or Town) 230. BURIAL, CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMPNAL Should H armony Landever Maryland 250 REC'D BY REGISTRAR VIB Coaddressing VR A15 (4) 30M REV 1/68 ...

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECFASED NAME First Last 20. DATE OF DEATH 2b. HOUR Middle death 5 Month 30 Doy (Type or print) JAMES ARTHUR LOCKMAN, JR. 5. DATE OF BIRTH 3 SEX 4 RACE 6 AGE (In years IF UNDER I YEAR IF LINOER 24 HRS May 6, 1900 last birthday) Male Negro 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH B. MARRIED 🔼 NEVER MARRIED 🗔 country) Maryland USA WIDOWED [DIVORCED [Montgomerv IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR aw requires that the death certificate be executed within give street oddress) Montgomery General during most of working life, even if retired)
Chauffeur remove corbon physician and completely en please remove carban Olney 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before ony event, 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY L-MITS? 13b (OUNT) RFD 1 Box 18) 15 MOTHER S MAIDEN NAME First 14 FATHER'S NAME Lost ond in Arthur James Lockman Mary Wallace 66. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Rfd 1 Box Address Yes, no, or unknown) [If yes give war or dates of service] removal, Alice Lockman 211:-03-9320 Derwood, Maryland APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART .. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) cremotian, or DUE TO, OR AS A CONSEQUENCE OF signed by the burnaf-tronsit p Conditions, if ony, which gove to rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stot no the underlying couse buriola PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been 260 os the prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES [for use by the hospital or 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INIJRY OCCURRED (Enter noture of in any in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (if either notify medical examiner) 21d NIJRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work . 1924 , to >1 5' , 19 thot (I) (we) lost 220 I certify that (I) (this hospital) attended the deceased from..... sow the deceased alive on 1 3 1 4 3 couses stated above, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b, SIGNATURE DEGREE) ATTENDING TI MED DIRECTOR director, page S should be filed 22e ADDRESS 22d PHYSICIAN'S NAME (Type) Charles H. Ligon, MD Medical Center, Sandy Spring, Md. 20860 23c NAME OF CEMETERY OR CREMATORS 23d LOCATION (City or Town) (County) (Stote) 230 BUR AL, CREMATION T. Zion 256 REGISTRAR S SIGNATURE VR A15 (4) 30M REV, 1768 Ochanles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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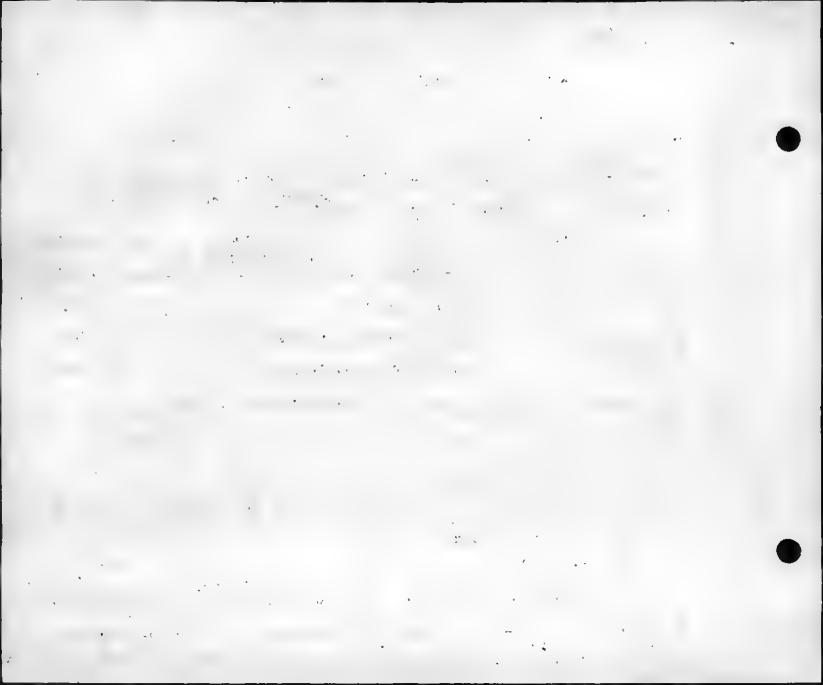
TO FUNDER. DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the femeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages flags to add 2 should be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haur after death.

VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the hospital or ottending physicion.

CEDTIEICATE OF DEATH

3. SEX 4. RACE Male White May 28, 1928 7a BIRTHPLACE (State or foreign by CITIZEN OF WHAT COUNTRY? COUNTRY) District of Columbia USA 10 CITY OR TOWN OF DEATH Bethesda 11 MAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life eye great oddiess) 12 USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 15d MSIDE CIT LIMITS? 13e STREET AND	(In years IF UNDER 1 YEAR IF UNDER 24 HIS DIRTHOUS) MONTHS DAYS HOURS MAN MORTHS MAN MAN							
3. SEX 4. RACE White S. DATE OF BIRTH A RACE May 28, 1928 70 BIRTHPLACE (Store or foreign of Littzen OF WHAT COUNTRY? District of Columbia USA 10 CITY OR TOWN OF DEATH Bethesda 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital grays given bedgings) The Clinical Center, NIH 13a USJAL RESIDENCE (Where deceased leved, if unstitution: Residence before 13c CITY OR TOWN. List Missie CITY UMMIS?) 13e STREET AND	The state of the s							
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Male White May 28, 1928 To BIRTHPLACE (Store or foreign 7b CIFIZEN OF WHAI COUNTRY? 8 MARRIED	nery Md							
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13a USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d inside CTY LIMITS? 13e STREET AN admission) STATE 13b COUNTY 13c STREET AN 2) 31 COUNTY								
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14 PATICIES MAINE FILST INICIDIS COST IS MOTHER'S MAINEN MAINE FILST	Middle Lost							
Samuel Lowe Hazel	Rich							
160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (f yes give wor or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT The Medical Record The Clinical Center. Bet								
	APPROXIMATE INTERVAL							
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1, DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH							
IMMEDIATE CAUSE (0) CEPEDRAL ECEMBA	3 Days							
Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Bilateral Bronchopneumonia	C Bana							
rise to immediate cause (a), (a)	5 Days							
stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	6 Years							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR								
Character Man I compared Tourisms or with Direct Caring 2 Wenther								
19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20a. AUTOPSY? 20b If YES, WI CAUSES OF DEA	ERE FINDINGS CONSIDERED IN CERTIFYING							
YES 10 NO CAUSES OF DEA	Yes							
and the state of t								
S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P. P. O. C. O. BILLION CALL HOME EARM STEET FACIORY 1.015 (DOCATION Street or P.E.D. No. C. C. O. BILLION CALL HOME EARM STEET FACIORY 1.015 (DOCATION Street or P.E.D. No. C. C. D. O. C. D. D. O. C. D. D. O. C. D. O. C. D. D. D. D. O. C. D.								
21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street at R.F.D. No. (11y or Town While	n County State							
at work of work								
22a. I certify that (b) (this haspital) attended the deceased from February 1519 68, to May saw the deceased alive on May 7 19 68, and that in (1994) (aur) apinian death accurre	7, 19 68, that (1) (we) last							
saw the deceased alive an May (19 00, and that in (1966) (aur) apinian death accurre causes stated above, (1960) (did) (1960) view the bady after death.	d an the date and havr and fram the							
22h SIGNATURE C	22c DATE SIGNED							
Med G. Children M. Degree PHYS Director Director PHYS.	🗵 7 May 1968							
22d. PHYSICIAN'S NAME(Type) Bruce A Chabrer MD	Center, National							
NAME (Type) Proces A Chebron MT	Bethesda, Md.							
Bruce A. Chabner, MD. Institutes of Health	gr Tawn) (County) (State)							
230 NAME OF CEMETERY OR CREMATION, DEMONSTRATE 23C NAME OF CEMETERY OR CREMATORY 23d. COCATION (CITY	, , , , , , , , , , , , , , , , , , , ,							
23a BJRIAL (REMATION, REMOVAL(Specify) May 9-1968 Cedar Hill Cemetery Suitla	, , , , , , , , , , , , , , , , , , , ,							



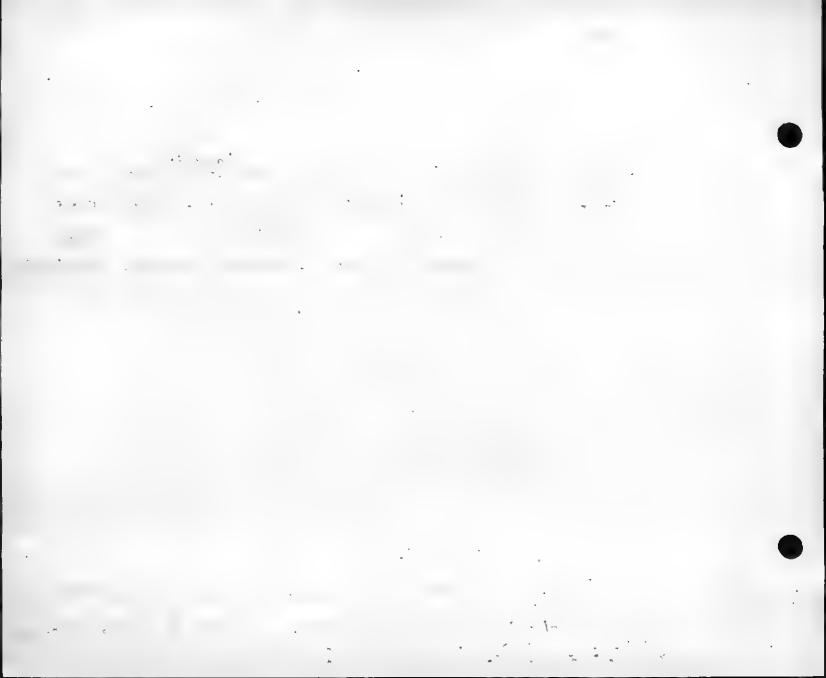
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	w /300		CER	[IFI CATI	OF DEATH					
	ECEASED-NAME First Type or print)		Middle	ı	ost	2a. DATE OF		Davi	V	2b. HOUR
	Eth	0/	C		nd berg		Manth	Day	1968	645A1
3. SE	temale.	4. RACE	white	S. DA	TE OF BIRTH /	73	6 AGE (In year lost birthdoy)	A	IF UNDER 1 YEAR MONTHS DAYS	F JNOER 24 HRS HOURS MIN
COLM	BIRTHPLACE (State or foreign		d States WIE	OWED X	DIVORCED 12g USUA	L OCCURATION		から done	126 KIND OF B	
13a admi	USUAL RESIDENCE (Where decease issian) STATE	d lived, if institut		CITY OR TOWN	1/1a PO	AITS? 13e ST	REET AND NUMBI	ER	Own He	
14. [FATHER'S NAME First	Middle	Last		HERS MAIDEN NAME FI		Midd		C 110 0134	Last
	George		Brown		Eli	zabeth			Power	4
16a Y	WAS DECEASED EVER IN U.S. ARM fes, no, or unknown) [If yes give w	ED FORCES? or or dates of service)	16b SOCIAL SECURITY NO.	17. INFOR	ge E. Lwrdl	berg.	Bellev		Pennsy	lvania
	18 CAUSE OF DEATH (Enter an		e far (a), (b), and (c).)		_	0	0	·	APPROXIM BETWEEN ON	ATE INTERVAL SET AND GEATH
	PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (o)	arcegoio	90	so andry	- Cor				
	1530 DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which gove (b)									
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF									
	lost. (c)									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
CERTIFICATION	19d. DATE OF OPERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PERFORM	ED 2	OO. AUTOPSY?		YES, WERE FINDI OF DEATH?	INGS (OI	NSIDERED IN CEI	RTIFYING
	21g ACCIDENT WAS UNDERLYIN		INJURY Month Day Year	21c HOW IN	URY OCCURRED (Enter	noture of intu	ry in Port 1 or Pi	ort 2, Ite	em 18.)	
MEDICAL	(If either, notify medical exomin	er) P.M.	19							
W	21d IN.JRY OCCURRED 21e White Not while 1 at work of wark	PLACE OF INJURY	AT HOME FARM STREET, FACTORY,) OFFICE BUILDING ETC.		N Street ar R.F.D No		or Town		County	Stote
	22a. I certify that (I) (this haspital) attended the deceased from 2 - 1, 19 64, ta 5 - 11, 19 65, that (I) (we) last saw the deceased alive an 7 19 65, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the body after death.									
	22b. SIGNATURE	- 6	Poblin 15	DEGREE		ED.	STAFF PHYS.	22c. D/	S -11	-68
	22d PHYSICIAN'S NAME (Type) 368	215	RABKIN,	MD.	22e. ADDRESS	4i	in BR	rd	EGY	
230	BURIAL, CREMATION, 23b I REMOVAL (Specify) 5-	ATE 4-58	230 NAME OF CEMET				ON (City or Town)		(County)	(State)
24		Some works	8434DDRESS ONG				68sh REGIST			16
	rner E. Pumhr	ou Jun	Silver Spai	ma Mi	DATE WIPLI	TOK	, 00		(a)	né .

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages I fand should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after a small be filed with the State Dept. VR A15 (4) 30M REV 37

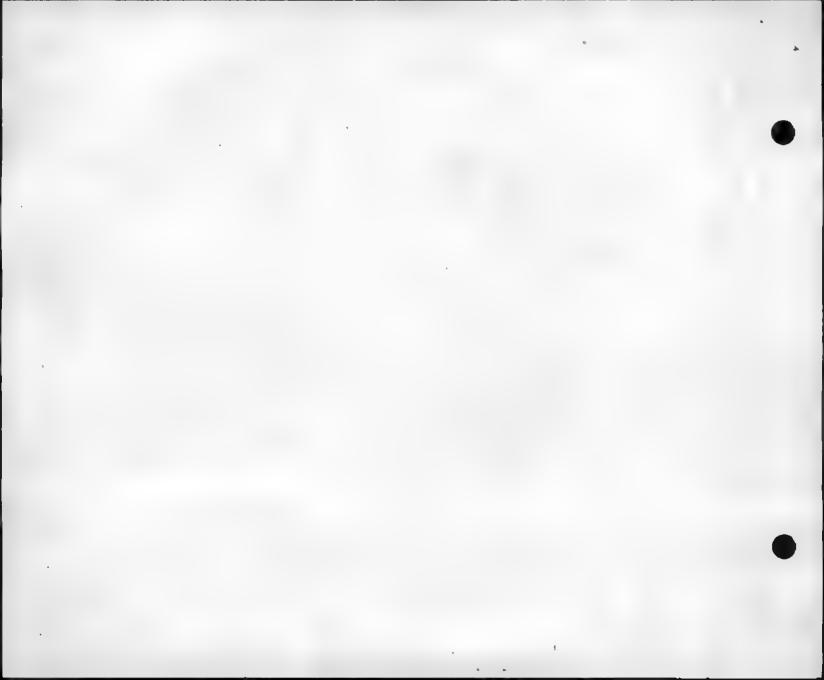
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED-NAME 2b HOUR (Type or print) 3. SEX DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR law reavires that the death certificate be executed within 24 hours after last birthday) MONTHS DAYS MOHRS 12-26 physician and campletely filled in by th event, within 72 hours 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign **COUNTY OF DEATH** 8. MARRIED NEVER MARRIED North Carl. please remove carban papers. U.S.A. WIDOWED K DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 10 CITY OR TOWN OF DEATH during most of working life even if retired) 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e STREET AND NUMBER and in ony 14 FATHER & NAME IS MOTHER'S MAIDEN NAME First Corrie McGuinn Leonidas Nichols 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no of unknown) burial, crematían, ar removal, Roy Nichols, Brother, 7701 Eastern Ave. -10-7108 signed by the attending burial-transit permit. The 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-ONGES IMMEDIATE CAUSE (o) Conditions, if any, which gave) rse to immediate cause (a), Page 4 may be retained by the haspital or attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, crea DUE TO, OR AS A GONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 196 CONDITION FOR WHICH OPERATION WAS PERFORMED YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO I YES -XCEAS! TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day P.M. (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Tawn Stote (aunty While Not while at work at work -ATTENDING 220 | certify that (I) (this haspital) attended the deceased from 4 MAY , 1954, to 17 MAY , 1964, that (I) (we) last saw the deceased alive on 17 MAY 1968 and that in (my) (aus) apinian death occurred on the date and hour and from the causes stoted obave, (1) (we) (did) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR PHYS 22e, ADDRESS PHYSICIAN S NAME (Type) 5009 Del Ray Ave. Bethesda, Md. Angle. 23o. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County lary sond REMOVAL (Speary) 1968 Cedar Hill Cemetery Suitland Prince 19 35 REGISTRAR S SIGNATURE 250 RECO BY REGISTRAR 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc., Wisconsin Ave. N.W. Wash. D.C.2001



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

П		00000			CEKTIFI	CAIL OF DEATH				· ·
- 1	1. DE	CEASED NAME	First	Middle		Lost	20. DATE OF DEAT	Н		2b. HOUR
	(T	ype or print)	1 == 0	5.7	/	t 1		Month Doy	Yeor	25 OM
Y	3 SE	V /+-	4 RACE	<i>№</i> 1.		S DATE OF BIRTH		GE/n years	F UNDER 1 YEAR	IF UNDER 24 HRS.
2	h			1.1.		10-7-1882		t birthday)	MONTHS OAYS	HOURS MIN.
		MALE		VHITE		· · · · · · · · · · · · · · · · · · ·		85 YRS.		
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		Minn		1.54.	WIDOWED		MONTO	SOMERY	/	Md
	10. C	ITY OR TOWN OF DEATH		II NAME OF HOSPITAL			JAL OCCLPATION (Kind	of work done	125 KIND OF	BUSINESS OR
2		BETHES	0,+	give street address)	SUBUR	BAN Ming	nost of working life, a	Committee (INDUSTRY	
		USUAL RESIDENCE (Where of	seceosed lived, if	institution Residence by	effore 13c. CITY O	R TOWN 13d INSIDE CTY	LIMITS? 130 STREET			
2	odmi	ssion) STATE STRICT OF CO	13b. COI	UNTY	WASH	INOTON YES !	10 - 3/1/3	Bues	424	ST 1/1.1
		ATHER'S NAME First		ddle Li		IS MOTHER'S MAIDEN NAME		Middle	111111111111111111111111111111111111111	Lost
			iam Lyt	-		Ence Johnso				_ # 31
	160	WAS DECEASED EVER IN U.	-		IRITY NO. 117	INFORMANT	8-9	Address		
			s give war or dates of ser	eneral.			0		2	Ame
		NO.		218-48	3221	PERALDINE	<u> - 45 # - </u>	DAUGET		MATE INTERVAL
		18 CAUSE OF DEATH (En				/	1 0		BETWEEN O	NSET AND DEATH
		PART I DEATH WAS (IMEDIATE CAUSE (o	o) CPhel	prova	scularacc	1004		5	days.
		4 7		D. OR AS A CONSEQUENCE			, , ,			
		Conditions, if any which i		Anteni.	nsclen	ISIS DEUEN	11/15/96	aduance	6/ 5	7/257
		nse to immediate couse stating the underlying c		O. OR AS A CONSEQUENCE		7/			-/	
		lost. 3 4 / X	1028	(r)						
			IT CONDITIONS CO	INTRIBITING TO DEATH I	BUT NOT RELATED	TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN I	PART 1(n)		
			vscler		Laher	/ 1	14.1/	a nock	2:11	,
	NOI	96 DATE OF OPERATION		FOR WHICH OPERATION W		200. AVTOPSY?	20h JE YES	WERE FINDINGS CO	INSIDÉRED IN CI	ERTIFYING
	FIG	70 DATE OF OFTICATION		OK WINCH OF EXAMON W		YES NOX	CALISES DE D		TENDERED III CI	AIII 1 1110
	CERTIFICATION	210 ACCIDENT WAS UND	DI VINC LOU	THAT OF INICION	101. 1			D + 1 D + 0 4	10)	
	CALC	OR CONTRIBUTING CAUSE	210	TIME OF INITIRY R A.M. Month Doy		IOW INJURY OCCURRED (Ent	er noture of injury in i	Zon Lor Post 2, II	(em 16.)	
	EDIC	(If either, notify med col o	exominer)	P.M	19					
		21d INJURY OCCURRED	218 PLACE OF IN	NJURY (AT HOME, FARM, STR OFFICE BUILDING, ET	EET, FACTORY,) 21F F	OCATION Street or R.F.D. N	o City or To	iwn	County	Stote 9
		White Not while of work						, ,		
		22o. I certify that (1) (this hospita	il) attended the de	ceased from	, 19	53, to like	119,196	al_, that	(i) (Jone) last
		saw the deceas	ed alive an_	NOY 19	19 <i></i>	nd that in (my) (987) of	omian death accur	red on the dot	te ond hour	ond from the
			bove, (I) (we)	(did hot) view	the bady after	death.				
		22b SIGNATURE	110/1	heak H 1	2. 10	ATTENDING 17/1	MED STA		ATE SIGNED	
		Suc	200 6	conforts 11	THE DEG	11113.	DIRECTOR PH	/s. 🔲 🗅	119/6	
2		22d PHYSICIAN S NAME (Type)	tomani	> h/an	D MI	22e ADDRESS	oy Chase	1. 0	recy!	CIUSE
			ELOU(1)	C / CCP	1 /00			616	2116161	11249
	230	BURIAL, CREMATION,	23b DATE)	ME OF CEMETERY OF	R CREMATORY	23d LOCATION (Co		(County)	(Stote)
		REMOVA (Specify) 1	5-22-19	68 Mour	it Olive	2 Olivet	Washingt	on, D.C	•	
	24	FUNER OF HORGAW]			DRESS 30 Wi	250 REC'D		256 REGISTRARS	SIGNATURE	0
		1 17		n a 2003		DATE	MAY 2 2 1	968 /	hanles	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filed in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbor papers, Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, within 32 hours after death VR A15 (4) 30M REV 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

SEC OO



CERTIFICATE OF DEATH

26, HOUR P DECEASED-NAME Middle Last 2a. DATE OF DEATH (Type or print) Month Roderick G. MACLEOD Mav 31 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years last bythday) Male Caucasian 13 January 1950 7a B RTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland USA Montgomery County. WIDOWED | DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street pigess Naval Hospital during most of working use execut retired) Bethesda 13a JSLAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN Virginia 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER 13b COUNTY YES FE VA. Alexandria NO 511 Duke St., Alexandria. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Lost Warren S. MACLEOD Janet G. COLLINS Alexandria, Va. 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give wer or dates of service) 31-64-216 Father, Warren S. MACLEOD, 511 Duke St. TB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY
IMMEDIATE (AUSE (a) Malignant lymphoma, lymphoblastic type, generalized 3 months DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19th DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO | 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21d INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County State While Nat while at wark 220. I certify that (A) (this haspital) attended the deceased from 27 May , 19 68 , to 31 May , 19 68 , that (I) (we) lost saw the deceased alive an 31 May 1968 19 , and that in (16%) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. D. R. FOREMAN, IT MC USN 1 Jun 1968 DEGREE PHYS 22d. PHYSICIAN'S 22e ADDRESS US Naval Hospital, Bethesda, Maryland -NAME (Type) 23d LOCATION (City or Town) 23 A NAME OF CHAPTER OF CRAMING TERY 23d LOCATION (City or Town)
Everly-Wheatley Funeral Home Arlington (County) (State) 23a. BURIAL, CREMATION, 6-5-68 REMOVAL (Specify) Virginia 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR Everly-Wheatley Funeral Home, Alex., Va.

VR A15 (4) 30M REV 1/68

director, page 3 should should be filed with the

director,

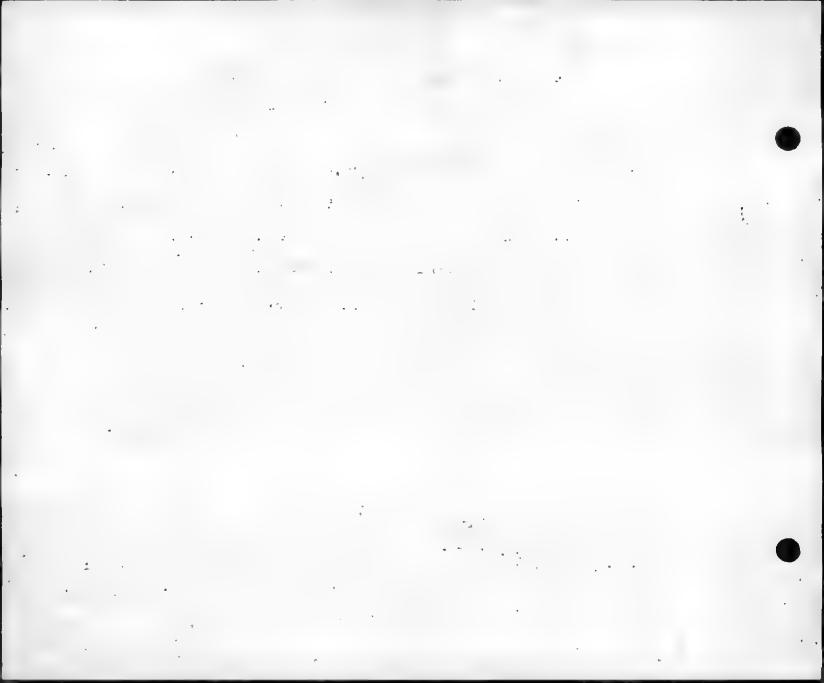
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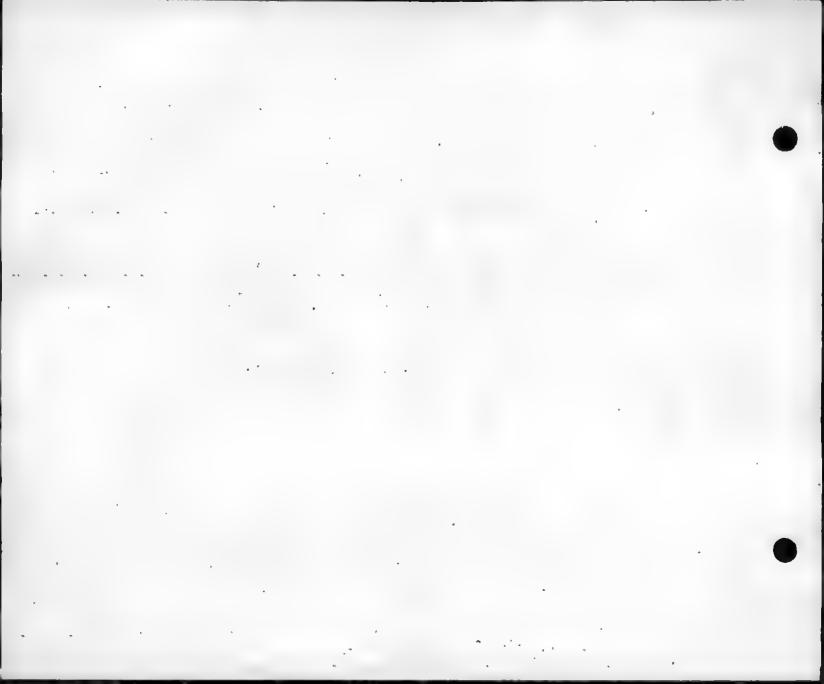
for use F Health

Page 4 may bill retained by the haspital in attending TO FUNERAL DIRECTOR: After this certificate has been

cremation,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3730 DECEASED-NAME Middle 2a. DATE OF DEATH First 2b HOUR law requires that the death certificate be executed within 24 haurs after death (Type or print) 00 orrace IF LINDER I YEAR A RACE 5. DATE OF BIRTH --AGE (In years E JINDER 24 HRS last birthday) o male 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7a BRITHPLACE (State or foreign 8 MARRIED TO NEVER MARR ED TO montgomer WIDOWED IS DIVORCED [event, within IG CITY OR FOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USBAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF during most of working life, even if retired) 13a LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 134 INSIDE CITY L M TS? 13e STREET AND NUMBER 136. COUNTY Pront Gomean ond in ony 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Thomas Bond 160 WAS DECEASED EVER N U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give wor or dates of service) buriol, cremotion, or removal, 155-10-1080-4 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) signed by the burial-tronsit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16-1 hos been s se os the t th prior to b Poge 4 may be retained by the hospitol or attending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, not fy medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY # AT HOME FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. County State City or Town While Not while at wark at wark L O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from factory, 19 67, to 645, 19 68, that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) apinion death occurred on the date and haur and from the causes stated above, (!) (we) (did) (did not) view the body ofter death. 22c. DATE_SIGNED 22b SIGNATURE ATTENDING director, page 3 should be filed v PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S RAZIAN NAME (Type) 1010 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL CREMATION, (County) REMOVAL (Specify) gate of Heaven cemetery Monto 250. RECD BY REGISTRAR Arw 300 8434 ABBUSIA Ave. Silver Spring.



1	i † -	3 15, 22a fill a 45 1 MARYLAND STATE DEPARTMENT OF HEALTH	
E O DICT ATE	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	, 2
ILVE TINE	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARR ED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED 3 DIVORCED 19 11/11/12 11/12	
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r death ve Page g with	[°)	give street oddress) during-gost at working the even if retired.) IN	POSIKY
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4 8 8 15		GONESION STATE AND 136 COUNTY GOMERY BETHESDA YES NO [6424 BROOKS	noe De.
hours Item 18 Office Iond 2	14 6	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
S S S		Sud NOR CORNICK Bertha Moe H	Shop
hin 24 niner's niner's poges haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO. 17 INFORMANT (es no. of Unknown) (If yes give wor or dates of service) 168 SOCIAL SECURITY NO. 17 INFORMANT (es no. of Unknown) (If yes give wor or dates of service) 168 SOCIAL SECURITY NO. 17 INFORMANT (es no. of Unknown) (If yes give wor or dates of service) 168 SOCIAL SECURITY NO. 17 INFORMANT	orreido De
i w thun 2 n pencil in Examiner File page n 72 hill in 172 hill in		(1) (1) (1) (1) (1) yes give war or doles of service) 563-52-2169 R.W. Markey Je Keriusa	1 Md
		18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
d be executed a pending in Chief Medical E ronsit permit F y event within		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiorespiratory Failure u to	
end m m m m m		DUE TO, OR AS A CONSEQUENCE OF	
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te, writing the writing torworded forworded or a le used os a removol, all	NO.	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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4 _ 100		PRIMARY OR CONTRIBUTING HOUR A.M.	,0)
MINER: the certif 4 should in files. e 3 shoul mation,	MEDICAL	CROST OF DESCRIPTION	County State
\$ # 4 = 9 E		WHILE NOT WHILE Tactory, office building, etc.)	,
EXA cute Page or you R. Pag		220 certify that Laok charge of the remains described above, held an Autopsy XI, Inspection X Inquiry XI.	and in my apin ar
CAL exe exe de fo de fo		death resulted from Natural causes , Acudent , Suicide Homicide Underemined monner	7
ose ose rect		CHIEF MEDICAL EXAMINER	J
Ty ple y, ple red di di la Di la Di prior		ACTUAL AC	NED
		SIGNATURE ASSISTANT MEDICAL EXAMINER DEPLTY MEDICAL EXAMINER DEPLTY MEDICAL EXAMINER	- 1010
D DEPUTY Indicessory, I the funeral S may be r D FUNERAL		NAME (Type) SELDEN K. LEAP (4) ADDRESS SHEET, CITY TOWN TOWN TOWN COUNTY)	(6, 1768
5 5 5 5	23a	BLRIAL (REMATION 23b DATE 5-28-68 Cedar To Crematory Suitland, Pr.	Ged. Md
DO	24	FUNERAL DIRECTOR ADDRES 250. REC D BY REGISTRAR 256 REGISTRAR S. S. G.	NATIRE
VR A15ME (5) 10M REV 1/68		Robert A Pumphrey 7557 Wisconsin Ave DAMIN 3 1968	00
	-	Bethesda Md	

GRNICK

CORNICK BERtha Mae Ash ba.
563-52-2169 R.W. Markey le CHZY Brookside De SydnoR

NO

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Itams #1,3 FiceRfificate Of Death jb

1. DECEASED NAME First Middle Loctishey lost 2g. DATE OF DEATH 2b. HOUR (Type or pant) MARTIN GRACE 5:117 S DATE OF BIRTH IF UNDER 24 HRS 4 RACE 6 AGE (n years F UNDER 1 YEAR Female 3 SEX tast birthday) MONTHS DAYS HOLPS 9/25/99 White Male 9. COUNTY OF DEATH BIRTHPLACE (State of foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED DIVORCED Montgomery WIDOWED [Virginia 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF RUSINESS OR Holy ross Hospital during most of working life, even if retired)
Housewife Silver Spring 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 134 INSIDE CITY LIMITS? 13b. COUNTY. YES y Bheaton 3004 Weller Rd. 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Lost Rose William Brasse 16b SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Husband. Yes, no, or unknown) Robert E. Martin 3004 Weller Rd. Whtn., Md. iB. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) rise to Immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause lost. 44 7 7. 15 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20d AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🔽 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f EOCATION Street of R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 19 69, 19, 19, to 5/20, 19 69, that (I) (we) lost saw the deceased attended to the deceased from 19 69, and that in (my) (cor) apinion death accurred on the date and from the couses stated above, (I) (we) (did) (did not) view the bady after death. 5/20 . 19 6 , that (1) (wet last 22b. SIGNATURE 22c DATE SIGNÉD **ATTENDING** DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 3737 Legation St. N. W., Wash. D. C. Dr. P. Colevas 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE ((dunty) (Stote) 23a BURIAL, CREMATION BWOAHT (Belia) Arlington 5-23-1968 Columbia Gardens Virginia 25b. REGISJRAR'S SIGNATURA 250. REC D BY REGISTRAR 24 FUNERAL DIRECTOR (inareas) Ives Funeral Home, 30M REV 1/68 Aflington, Va.

and 2 requires that the death certificate be executed within 24 haurs after death. signed by the attending physician and completely filled in burial-transit permit. Then please remove carbon progres buyiol, cremation, arremayol, and in any event, within 127 with P os the O FUNERAL DIRECTOR: After this certificate hos been be retained by the hospitol or ģ should be detached director, should b

VR A15 (4)



DIN MARYLAND 21201

/ISION	OF	VITAL	RECORDS,	301	W.	PRESTO	N ST	REET,	BALTIMORE,	
				CED.	TIC	CATE	O.E.	DEA	TH	

., LU t	(ERTIFICA	TE OF DEATH				. \	7		
DECEASED-NAME First (Type or print)	Middle (/		Lost 2 x well	2a DA	TE OF DEATH Month Mary	Day	Yeor 65	2b HOUR 4PM		
sex Female	4. RACE WhiTe		DATE OF BIRTH	882	6. AGE (In year substitution of the substituti		UNDER YEAR NTHS DAYS	HOURS MAN		
Tennessee	76 CITIZEN OF WHAT COUNTRY?	WIDOWED X	NEVER MARRIED DIVORCED	7	non19			/ Md		
CITY OR TOWN OF DEATH Whea Ton O LISTIAL RESIDENCE (Where decrease	11 NAME OF HOSP TAL OR INS give street address) R And Clarification Residence before	TITUTION (If not in		14	NTION (Kind of work thing life, even if re to see S & ac Be STREET AND NUM	11-6.	i 26. KIND OF B INDUSTRY	USINESS OR		
mission) STATE Md.	13b COUNTYP. G.			NO 🗌	8803 48t		nue			
FATHER'S NAME First Benjan			others maiden name Elizabet			ddle	Buri			
d. WAS DECFASED EVER IN U.S. ARMI Yes, n.a., ar unknown) (11 yes give wa NO	ED FORCES? 166 SOCIAL SECURITY N		RMANT Fred W. M	/laxw	#2 Mell Rock	ynch kville	Stree, Md.	(2011)		
PART I. DEATH WAS CAUSED	One couse per line for (a), (b), and (c) BY. TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	real			séleros oscleros			ATE INTERVAL SET AND DEATH		
PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO TO	IE TERMINAL DISEASE OR	CONDITION	GIVEN IN PART 1(a)					
190. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY? YES NO 🔀		Ob IF YES, WERE FIN AUSES OF DEATH?	DINGS CONS	IDERED IN CEI	RTIFYING		
21a ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Doy Year er) P.M. 19		INJURY OCCURRED (Ent							
at work at work	While Not while at work A to work									
saw the deceased at causes stated above.	22a. I certify that (1) (this haspital) attended the deceased from 6/12, 19/27, ta 5/6, 19/68, that (1) (we) last saw the deceased alive an 5/6/08 19/68, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated abave, (1)-(we) (did) (did not) view the bady after death.									
222 BLYSICIABLE 224 ADDRESS ATTENDING MED STAFF DIRECTOR DIRECTO										

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then prease remove corbon papers, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 has Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

30M REV 68

24 FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md.

23a BURIAL, CREMATION, Buring Wall (Specify)

23b DATE 5/9/68

23c NAME OF CEMETERY OR CREMATORY
George Washington ADDRESS

(State) Md. P.G.

250 RECT BY REGISTRAR MAY 15 1968

23d .OCATION (City or Town)
Hyattsville

Colle



VR A15ME (5) 10M REV 1768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a DATE OF DEATH (Type or print) **JEAN** OLIVIA MC CTEOD 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years last birthoay) NEGROID 20FEB38 FEMALE 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) WEST. VA. USA MONTGOMERY WIDOWED DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If pat in haspital 12a USUAL OCCUPATION (Kind at work dane 10 CITY OR TOWN OF DEATH GIVE NAVAL HOSPITAL during most at working life, even if retired) BETHESDA 13a. USLAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMUTS? 13e STREET AND NUMBER 13b. COUNTY YES y NO QUANTICO 795-C MARCORPSBARE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Las! CLEVELAND CRAWFORD ETHET. 16a. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address (If yes give wor or dates of service) Yes, no or unknown) CARL L. MC CLEOD 2795-C MARCORPSBASE IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARCINOMA COLON, WITH METASTASES IN BILATERAL DUE TO, OR AS A CONSEQUENCE OF URETERAL OBSTRUCTION Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES 7 NO 🗔 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d NIBIRY OCCURRED 21e. PLACE OF INHURY / AT HOME FARM, STREET, FACTORY \$1 21f LOCATION Street or R.E.D. No. City or Town While Not while at work at wark 22a. I certify that (this haspital) attended the deceased from 15APRIL saw the deceased alive an 4 MAY 1968, and that in (m 1968 to 4 MAY .19.68, and that in (n) (aur) apinion deoth occurred on the date and hour and fram the

requires that the death certificate be executed within 24 haurs carban the burnal-transit signed by has been the certificate 百 detached O FUNERAL DIRECTOR: After this be retained filed director, page shauld be filed

death.

death.

VR A15 (4) 3DM REV 1/68 23a BURIAL CREMATION. 23b DATE REMOVAL (Specify)

226 SIGNATURE

PHYSICIAN-S

NAME (Type) TI

NAME OF CEMETERY, OR CREMATORS

DEGREE

ATTENDING

22e. ADDRESS

PHYS.

23d LOCATION (City of Town)

PHYS

RETHESDA

DIRECTOR

NAVAL HOSPITAL

(Caunty) (State)

County

19 68

22c DATE SIGNED

MD

MAY 1968

2b HOUR

IF UNDER 24 HRS

12b KIND OF BUSINESS OR

GALLOWAY

BETWEEN ONSET AND DEATH

State

Last

IF JINDER 1 YEAR

INDUSTRY

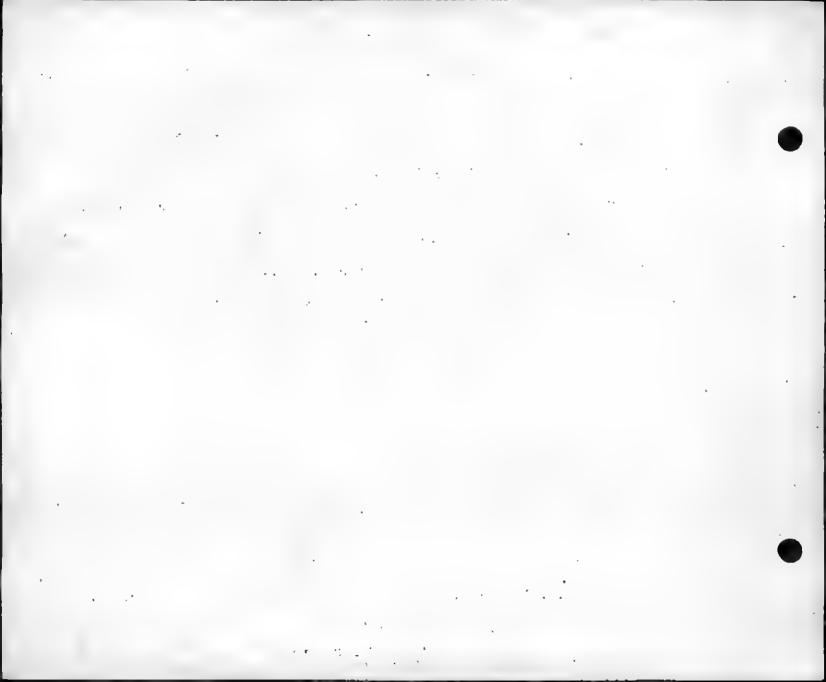
:18a W

EUNERAL DIRECTOR

MC.

causes stated above, ((we) (did) (different) view the bady after death

REC'D, BY, REGISTRAR

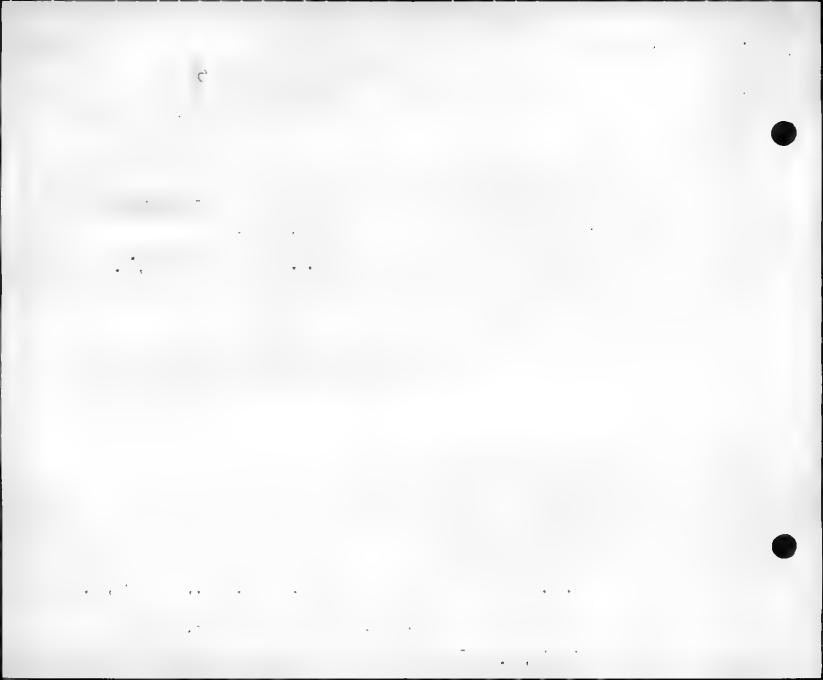


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE OF DEATH
and 2 death.	DECEASED NAME First Middle Lost 2a. DATE OF DEATH (Type or pnnt) CARA E- MCCK'055 in 5 Month 5 Day Gar 1 P
erges 1	S EX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 17EAR IF UNDER 24 H W 9/30/1889 6 AGE (In years IF UNDER 17EAR IF UNDER 24 H OURS M
	70. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1000
carbon pap ent, within 7	O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.) 120 CSUAL OCCUPATION (Kind of work done give strep address) 120 CSUAL OCCUPATION (Kind of work done during mast of working life, even if retired.) 120 CSUAL OCCUPATION (Kind of work done during mast of working life, even if retired.)
ex ex	30 SUAL RESIDENCE (Where deceosed lived, if institution Res dence before 13c CITY OR TOWN 13d NSIDE CITY LIMITS? 13e STREET AND HUMBER 13d COUNTY Mont Co Rockville YES NO 1501 1501 1501 Road
rem in an	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost Levinia Butt
plysician en please aval, and i	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or Jinknown) (Hyss give war or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT 18 INFORM
permit. The	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ### BETWEEN ONSET AND DEATH ###################################
the all sit perr	Conditions, if any, which gove rise to immediate couse (o). Due To, or AS A CONSEQUENCE OF (b) 72 for
tran-tran	storing the underlying couse (c) Orelano (rascular accident 6 week
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
has like us the prior	196. CONDITION FOR WHICH OPERAT ON WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)
rtificate ad far u	GIF CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19
After this certificate has Been be detached far use as the State Dept, of Health priar fa	21d. INJURY OCCURRED VALUE OF IN. JRY (AT MOME FARM STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State of work of work
A: After build be the Stal	22a I certify the (I) this haspital attended the deceased from 1960, to 5-5, 1968, that (I) five) I saw the deceased alive an 1960, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
AL DIRECTOR: A page 3 shauld be filed with the	226 SIGNATURE 11 STAFF DIRECTOR DIRECTO
FUNERAL I	22d PHYS CIANS NAME (Type) W. G. Hall 22e ADDRESS 615 W. Montg. Ave., Rockville, Md.
director, should be	236 BURIAL, CREMAT ON, urlength of County) 236 DATE 237 NAME OF CEMETERY OR CREMATORY 238 LOCATION (City or Town) (County) (State) 239 Potomac Church Cemetery 230 Potomac, Maryland
VR A15 (4) 30M REV 1/68	Tyson Wheeler Funeral Home-1331 Rockville Pike 250 RECUBY REGISTRAR SIGNATURE ROCKVILLE, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

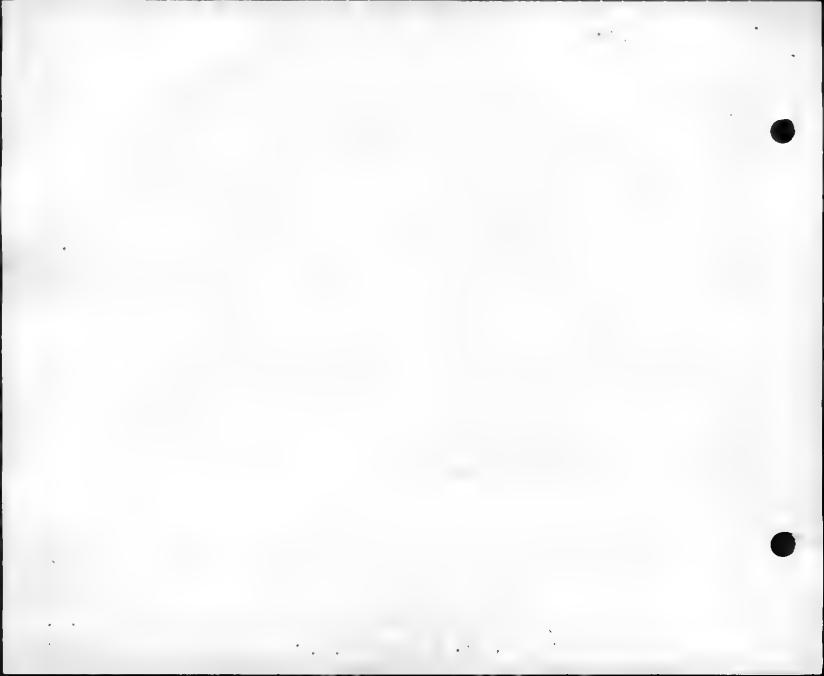
Page 4 may be retained by the haspital ar attending physician.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First death. Month 5 (Type or print) IF UNDER 24 HRS 3 SEX RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) White April 6. -1891 cmale 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED (ountry) DIVORCED [Drooklyn, N.Y WIDOWED 1 onlaomer requires that the death certificate be executed within 24 physician and campletely filled NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done TO CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) during most of working life even if retired)
Housewife INDUSTRY uoq Chery Chase Bethesda Silver Opring Wave, Hom event, 13a. USJAL RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER 5 13c CITY OR FOWN 13d. INSIDE CITY LIMITS? admission) 13b. COUNTY N lease remave lonlasmer and in any 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Last Henry MacKay Isabella Watte 160 WAS DECEASED EVER IN U.S ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (If yes give war at dates al service) Yes, na, arunknown) 5903 Aberdeen ᆸ burial, crematian, or removal, W.D. Sloan Mrs. en 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE the Canditions, if any, which gave signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION far use as the t Health priar ta b ficate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 21a ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day detached f (If either, natify medical examiner) O FUNERAL DIRECTOR: After this cert 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or RFD No. County State City or Town OFFICE BUILDING, ETC. While Nat while at wark be de' State l 5/11, 1968, that (1) mcy, 1964, to 220. I certify that (1) (this hospital) attended the deceased from... 5/11 19 65, and that in (my) (our) opinion death occurred on the date and hour and fram the saw the deceased alive an.... with the couses stated above, (1) (we) (did) (did nat) view the body after death. 22b SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING PHYS - MED DIRECTOR airectar, page 3 shauld be filed v 22e, ADDRESS 22d. HYSICIAN'S 23Weant Off Metury or CREMATORY
Military Academy Cemetery 23d LOCATION (City or Town) 23a BUR AL CREMATION 23b. DATE (Caunty) (State) BRINGVA (Spec fy) West Point 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 51 Mashington, D. VR A15 [4] 30M REV. 1768

MARYLAND STATE DEPARTMENT OF HEALTH



and 2 death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exacuted within 24 hours after seath Poge 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7, -			EKIIFICATE O	DEATH			ley,			
1 DECEASED-NAME	First	M ddle	Lost	. 20	o. DATE OF DEATH		2b HOUR			
(Type or print)	CARL	ERNEST	MELV	IN	May Month	18 68	9:55M			
3. SEX	4. RA	ICE .	S. DATE OF	BIRTH	6. AGE (In years	S IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS NAN			
Male		White	4/8	/18	last birthday)	YR5 MUNTHS ONTS	HOURS MIN			
70 BIRTHPLACE (State or	oreign 7b, CITI	ZEN OF WHAT COUNTRY?	8 MARRIED W NEVER M	ARRIED 9. CI	OUNTY OF DEATH					
Country) No. Caro	1. U	ISA		ORCED 🗌	Montgomery		Md			
	O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done give sweet oddress) Holy Cross Hosp. Silver Spring 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Shoe repairman									
Silver Sp		Holy	Cross Hosp	Shoe I						
130 USUAL RES DENCE (Woodmission) STATE	R									
Maryland Montgy Sil. Spr. 12 515 hayer Ave. #401										
14 FATHER'S NAME	irst	Middle Lost	4	MAJDEN NAME First	Midd		Lost			
	1ES	MELVI		LOLFI			lelvin			
160 WAS DECEASED EVER Yes, no, or unknown)	160 WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Wife, Address									
No		224 22 8	325 Marie M	elvin 5	15 hayer Av		MATE INTERVAL			
	H (Enter only one co WAS CAUSED BY	ouse per line for (a), (b), and (c).)	m	1.0	/		DISET AND DEATH			
PAKI I VEAIN	IMMEDIATE CAUS	E(O) roboble	1/4/04	udyl ,	Infarction		0.			
. 100		E TO, OR AS A CONSEQUENCE OF	. (10		1	Inn	were			
Conditions, if only, w	V									
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
									PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
Engly Sema Cong. failure Circhoris										
TE 190. DATE OF OPERATI	190. DATE OF OPERATION 1196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
210 ACCIDENT WAS	HINDERLYING (2)	b. TIME OF INJURY			ure of injury in Port 1 or Pa	ort 0 Itom 191				
	CAUSE OF DEATH H	OUR A.M. Month Doy Yeor	Zit nom nouki	ACCORNED (EILIGE LIGH	the of silary in Lour Lot Lo	nr Z, tient 10.)				
S OR CONTRIBUTING (If either, notify me		P.M. 19 IF INJURY / AT HOME, FARM, STREET, FACT		troot or DEC No.	City or Town	County	Stote			
While Thot while	T Zie Place o	OFFICE BUILDING, ETC.	J. Zir. LOCATION SI	THE OF KID NO.	City of Town	County	31016			
at work at work	nt (I) (this beer	oital) ottended the decease	d from marc	10 68	to 14416	, 19 <u>68</u> , that	(1) (wa) last			
l saw the de	ceased alive an	1 1 1 1 1 2 1 2 1 2	Y_GQ, and that in I	my) (our) opinio	n death occurred on th	ne dote and hour	ond from the			
couses sta	ed obove, (I) (v	ve) (did) (did not) view the b	oady ofter death.							
22b. SIGNATURE	. 1	00.0	ATTEN	DING - MED	STAFF	22c DATE SIGNED	- 66			
14	esell	6 Dufolin	OLGREE PHYS	DIRECT		may!	7.68			
22d. PHYSICIAN'S NAME (Type)	Russell	C BS faline	M.D. 220/	129 Un	w. Blod	w. 8.1	ma.			
256 BURIAL CREMATION	23b DATE	7350 NAME OF	CEMETERY OR CREMATORY	1 P L 23	d. COCATION (C ty or Town)	((county)	(State)			
REMOVAL (Specify)	They 2	1-1968 Na Mayer	the Marineren		Fayelleville.	1 1004	h Cal.			
24 FUNERAL DIRECTOR	1/1/	254 GADDRESS	LSt-Vo	2So REC'D BY RE	GISTRAR 25b. REGIST	TRAR S SIGNATURE	0			
Marinero,	rellets		11-1-	DATE AAA	Rapi ne V	Misples	udge			

1968

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon: pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72th VR A15 (4) 30M REV 1/68



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	1001	DIVISION O	F VITAL RECORDS,				NORE, MAI	RYLAND 21:	201			
	6-6-14			CERTIFIC	ATE OF DEA	TH					۳.	7
	(EASED-NAME ype or print)	First	Middle		Last		2a. DATE OF	DEATH Month	Day	Year	2b. 1	HOUR
(1		sillsin	Louise.		Meyer			Mary	_ \	1968	7:1	M F O
3. SE	Χ	4. RACE			S. DATE OF BIRTH			6. AGE (In Tel		IF UNDER I YEAR MONTHS CAYS	IF JINGER	24 HRS MIN.
	Female.	w	hite		2/1/	89		19 1 9	YRS.	MORITAS GATA	11/20/02	AIII.
	BIRTHPLACE (State or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9	COUNTY OF	DEATH				
COUR	istrict of Colu	in Via Oni	tel States	MIDOMED			Mon	toome	LV.			Md
	ITY OR TOWN OF DEATH	111	NAME OF HOSPITAL OR N	STITUTION (fn			OCCUPATION	(Kind of work	dare)	12b KIND OF	BUSINESS	OR
7	akoma Pa	~ ×	e street address) wa	m + Ha	coital w		st at warking	life, even if re	rired j	INDUSTRY	18 LET 18	
13a	USUAL RESIDENCE (Where d	leceased lived, if insti	uttan. Residence befare	13c, CHY OR	TOWN 138. INSTO	E CITY THAI	ITS? 13e. STI	REET AND NUM	BER		Allan villed alm	
admi	ssion) STATE mary	13b. COUNTY	tdomery	Taka	ma Park YES	NO [110	100	Aug	nue		
14. [ATHER S NAME First	Middle	Last	19	. MOTHER'S MAIDEN N	AME Fire	st	Mi	ddle		Last	
	Joseph	Cunknou	n) Ehrma	ntraut		Av	mie	Can		w) Ge	odr	19
	WAS DECEASED EVER IN U.S		16b SOCIAL SECURITY	NO TO	NEORMANT	Say	ritare	Add	ress	110000	Aue .	
	es, na, grunknawn) (If ye	s give wai or days or service)	Unknow	7 4	LaFig20H.	76	Bross	Tak	0000			_
	18 CAUSE OF DEATH (Ent				0						MATE INTERI INSET AND C	
	PART I. DEATH WAS ((AUSED BY, IMEDIATE CAUSE (a)	Bi/29	End	PADUMOM	,				24_	361	Ns.
	1407		R AS A CONSEQUENCE OF	, /								
	Canditians, if any, which g	gave) (L)	MIdat	/	eduni e					>/	1100	
	rise to immediate cause stating the underlying co		R AS A CONSEQUENCE, OF		1		//					
	last.	(c)_	() eventure	1 Art	enosa Gensia		24tin	ulces		7/70	1.17	
	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRI			THE TERMINAL DISEAS	SE 'OR CO	NDITION GIVE	N IN PART 1(a)		- /		
2	,											
FICATION	19a, DATE OF OPERATION	19b. CONDITION FOR	VHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?				DINGS CO	ONSIDERED IN CI	ERTIFYING	;
H					YES [7]	NO ES	CAUSES	OF DEATH?				

PART 2 OTHER SIGNIFICA CERTIFICATION 19a, DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTR BUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. 21d N. JRY OCCURRED 21e PLACE OF INJURY City or Town County

While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from the saw the deceased alive an 17 1945, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did ng) view the body after death.

22c DATE SIGNED 22b. SIGNATURE MED DIRECTOR STAFF PHYS. ATTENDING D. W. M. June DEGREE PHYS

7)	6	Ganzani	770 220.	ADDRESS			'cc'	M
	0.	URAZIANI	1.122.	10101	UPPORGIA	AVG		. //8
DAT	E	23c NAMI	OF COMETERY OR CREMATO	89 11/11	23d LOCATION (City/di	Town) _	(County)	C. (State

State

250. REC'N BX REGIS DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled-up by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carboa-papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within the state death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. O HOSPITAL

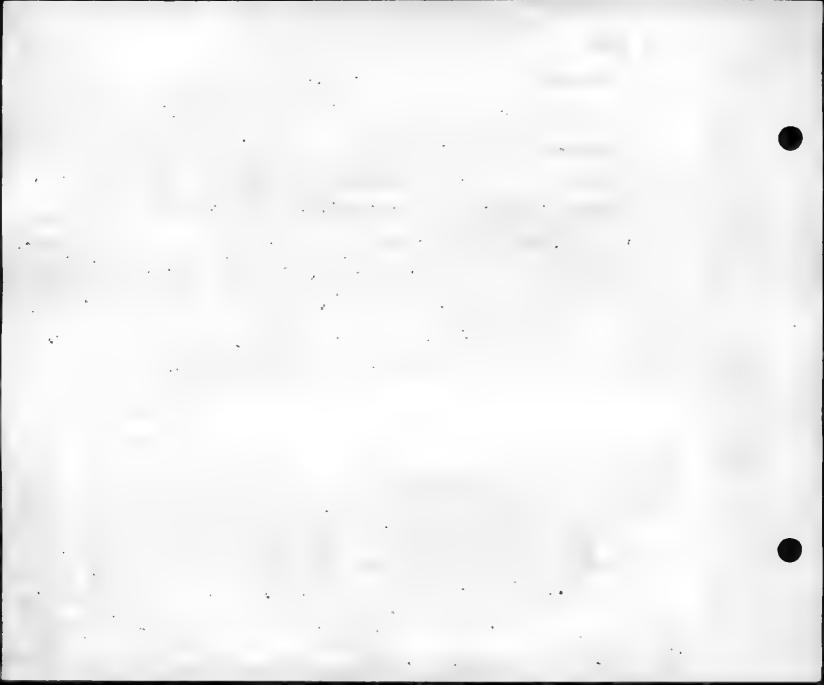
22d. PHYSICIAN'S NAME (Type) BURIAL TREMATION

REMOVAL (Specify)

MEDICAL

23a.

VR A15 (4) 30M REV, 1/6



DIVISION OF VITAL RECORDS, 301 W. PREST

ON	21	REEI,	BALTIMORE,	MARYLAND	21201	
	١E	DEA	TU			

	OCCLO			(CERTIF	ICATE OF D	EATH					. 4 4
	ECEASED-NAME	First		Middle		Lost		2o. DATE OF		Davis	V	2b HOUR
()	ype or pnnt)	Edna		Matilda		Minetree			Month May	Doy, 25	1968	8:00
3. SE		1	4 RACE	_		5. DATE OF BIRTH			6. AGE (In years last birthday)		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Female			hite		15 Mar			56 Y	rs.		
7a. E	SIRTHPLACE (State or fore	eign 7t	CITIZEN OF WH	AT COUNTRY?	8 MARRE	ED 🔲 NEVER MARRIE		COUNTY OF	DEATH			
I	Pennsylvani	a.	US		WIDOW	Land	Married .	-	Montgome			Mi
	ITY OR TOWN OF DEATH			ME OF HOSPITAL OR INS					(Kind of work do		25 KIND OF	BUSINESS OR
	Bethesda			e Clinical					ife, even if retire upply		Medi o	al
13a. edmi	USUAL RES DENCE (When	e deceosed	fived, if institution 13b COUNTY	on: Residence before		1 4	INS DE CTY JIM		REET AND NUMBER			
	Virginia		130 600111		Ale	vanders	ES DO NO		North 1		den Si	
14. (FATHER'S NAME Firs		Middle	Lost		15. MOTHER'S MAID	EN NAME Fi	st	Middle	e		Lost
	Eg			Bohl			Anı]	Blank
16o. Y	WAS DECEASED EVER IN (es, no per unknown)		FORCES?	16b SOCIAL SECURITY I		7 INFORMANT Th					Weg .	
	1/0			577-10-50	OT 1	The Clini	Call Ce	enter,	Betnesda	L. M	ary Lai	MATE INTERVA.
	18. CAUSE OF DEATH I										BETWEEN C	HTA3D DAA T32HC
			CAUSE (o)	Bronchopn	eumo	nia					3 wee	ks
	2021	4	DUE TO, OR A	S A CONSEQUENCE OF								
	Conditions, if ony, which rise to immediate cou		(b)	Mycosis F	ungo:	ides					5 yea	rs
	stating the underlying lost.	couse	DUE TO, OR A	S A CONSEQUENCE OF								
	PART 2 OTHER SIGNIFIC	ANT COMPT	(c)	INC TO DEATH BUT N	OT DELATE	TO THE TERMINAL D	ICEACE ODCO	MOTION CAR	I IN DADT I/AL			
	Ψ.		-					MOTION OTE	1 111 (170 ; 1(0)			
NO.	190 DATE OF OPERATION	196 (0	NDITION FOR WHI	e, mild, b	REORMED	200. AUTOPS		20h IF	YES, WERE FINDIN	GS CONS	DERED IN (FRTIFYING
CERTIFICATION	The Brite of Greathern			on or Emilion more	(() 01(1116)	YES DO	NO [T]	CAUSES	OF DEATH? Ye	S		part 17 17 17 17
CERT	210 ACCIDENT WAS U	IDERLYING	21b. TIME OF	INJURY	216	. HOW INJURY OCCUR					18.)	
MEDICAL	OR CONTRIBUTING CAL (If either, notify medical	JSE OF DEATH of exominer	HOUR A.M.	Month Doy Year	9							
×	21d INJURY O(CURRED While Not while at work	21e. PL	ACE OF INJURY (AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC	(TORY.) 211	LOCATION Street of	rRF.D No.	City	or Town	(ounty	Stote
	22a. I certify that saw the dece	(A) (this	hospital) atte	nded the decease	ed from.	Dec. 26	, 1965	, taV	lay 25 ,	1968	, that	(M) (we) las
	saw the dece	ased aliv Lohove f	e an <u>Ma</u> ;	y 25 did not) view the	.9 <u>.68,</u> hody oft	and that in (1964) er death.	(aur) apır	nion death o	ccurred on the	e dote	ond hour	ond fram the
	22b. SIGNATURE		9 (11-) (-1-)	00			······································			22c. DATI	E SIGNED	
	The	me	es	Clane		EGREE PHYS	DII DII	RECTOR	STAFF 2	6 M	ay 196	58
	22d. PHYS CIAN S				1	22e. ADDRES	S The	Clinic	al Cente	er, l	Vatior	nal
	NAME (Type) T	homas	Clancy	, M.D.	/	Inst	Ltutes	of He	alth, Be	thes	sda, l	iary land
230	BURIAL, CREMATION, REMOVAL-Specify)	23b DA	1E 29/68			or crematory	ery		N (City or Town) fax Co.		County)	(Stote)
-						1			1	Z	d'anna li a	a delica

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be aetached for use as the burial transit permit. Then please remave carban papers Pages should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours at VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea

Page 4 may be retained by the haspital or attending physician.

funeral dandria,

DATE

REC'D BY REGISTRAN 19686.

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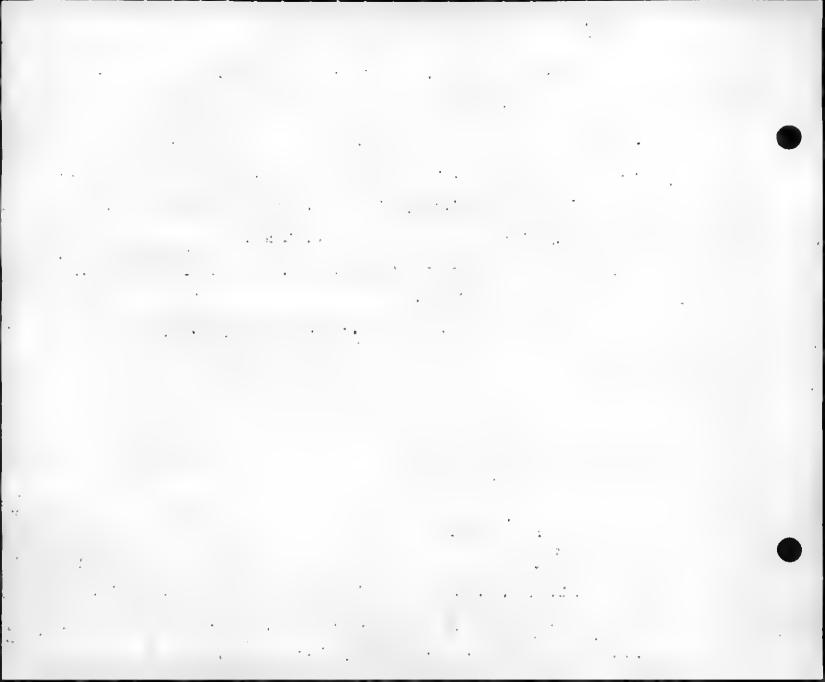
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0,00	13 DIV	ISION OF VITAL RECORDS,		RESTON STREET, BA ATE OF DEATH		RE, MARYLAND 21201		(i)
I. DECEASED-NAME	First	Middle		Lost	20.	DATE OF DEATH		2b HOUR
(Type or print)	Gener	re B.	Mil	ler	M	lay Month 23 Doy	68 ^{Yeor}	3:55 ₽
3. SEX	4	RACE		5 DATE OF BIRTH		6: 105 (11 10013	JNDER YEAR	IF UNDER 24 HRS. HOURS MIN
Female		Caucasian		1 Oct 1892	2	ost buthday) YRS	AIHS DATS	HORKZ M M
70 BIRTHPLACE (ST	ote or foreign 7b C	ITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 (0	UNTY OF DEATH		
country)S. Da	kota	USA	WIDOWED		Мо	ntgomery County	,	Md.
10. CITY OR TOWN Bethesda		11. NAME OF HOSPITAL OR IN: give street address Ho	stitution (if no spital	of in hospital 120. U during			12b. KIND OF I	
		ed, if institution: Residence before		TOWN 13d. INSIDE CI		13e STREET AND NUMBER		
odmission) STATE	MD 13	b. COUNTY Montgomery	Silve	r Spg. YES x	NO [512 Midland Rd	., Sil	ver Spg
14 FATHER'S NAME	First	M ddle Lost	15	MOTHER'S MAIDEN NAM	E First	Middle		Lost
		Shreve		J. M. 1	Welso			
	EVER IN U.S. ARMED FO			NFORMANT		SilveYdrSpri		1.
Yes, no or unkn		577-62-11L	19 Ma	rgaret M. I	llsc	n , 512 Midland	Rd.	MATE INTERVAL
IB. CAUSE O PART I.	F DEATH (Enter only one DEATH WAS CAUSED BY: IMMEDIATE (AI	couse per line for (o), (b), and (c)						ASET AND DEATH
nse to imme stoting the lost.	ony, which gove diote couse (o), anderlying couse (o).	DUE TO, OR AS A CONSEQUENCE OF (b) Generalize DUE TO, OR AS A CONSEQUENCE OF (c) NS CONTRIBUTING TO DEATH BUT N				rdiovascular dis	ease	
190. DATE OF O		TION FOR WHICH OPERATION WAS PE	RFORMED	200. AUTOPSY? YES NO		20b IF YES, WERE FINDINGS CONSI CAUSES OF DEATH?	IDERED IN CE	RTIFYING
₹ DOR CONTRIBU		21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. 1		W INJURY OCCURRED (E	nter notui	re of injury in Port 1 or Port 2, Item	1B.)	
	t work	OF INJURY (AT HOME FARM, STREET FAR OFFICE BUILDING, ETC.				,	Yfaco	Stote
22o 1 cert saw t	ify that (1) (this ha he deceased olive is s stated aboye, (1)	spital) attended the deceas on May 23 (we) (did) (ddid) view the	ed from M 19 <u>68</u> and body ofter (a y 1 9 , (19 I that in (福勢 (our) (leath.	9 <u>68</u> , opinion	, to May 23 , 19 68 deoth occurred an the date		≭) (we) last and fram the
22b. SIGNATU	Dr 16	22-	DEGR	11112	MED DIRECTO	OR STAFF DO May	e signed 7 24,	1968
22d. PHYSICI NAME (T		11, M. D.				tal, Bethesda, N	id.	
230. BURIAL, (REN REMOYAL SO	(14) May 2	7, 1968 Arling	ton Nat	ional Cemet	tery	Arlington, Vi		(Stote)
W. E.	Pumphrey	3434 Ga. Ave.,	Silver	Spring 250 REC	D BY REG	istrar 25b. REGISTRAR'S SIG		igh,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



1		MARYLAND STATE DEPARTMENT OF HEALTH	•
FOR CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	* * * *
TUK SIAIE	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECEASED-NAME First, Middle Lost / 20 DATE KNOWN (1) Month (2)	
MEALIT VETI.		ype or Print) and of ESTI-	ay Year 2b BOUR
5786	3 SI		1 3/ 19 68 1850 A
9 5 c	4	anale white nov. 17,1965 22xrs MANTHS DAYS MURS MIN Month Day 34	Year 19/28 72
1, 2, m P	/7a i	RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
N E	caup (d	REHINETON, D.C. 71, 5. A WIDOWED DIVORCED MONTE ONL	eref "
ve Pages y with far the State			EL KIND OF BUSINESS OR
2 8 B = 1		selled su a delle by Cliekte.	
s off 18. Chi	130	drissian) STATE 136 COUNTY MONT. ISOther XYES NO 1 850/- Hoc	vell Ad
haurs Item 18 Office 1 and 2	14 F	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
	160	WAS DECEASED EVER IN U. S. ARMED FORCES? 1160 SOCIAL SECURITY NO 17 INFORMANT Father ADDRESS	Ľ
vit pel con le le		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (the green war or dates at service) None 17 INFORMANT Father Same as It	em 13.
ed v		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
d "pending in Chief Medical E fransit perm † I y event with in		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Drowning-	3 min.
be execuipending inef Medic masit permiserm with with event with		ODUE TO, OR AS A CONSEQUENCE OF	
d br Chie fran y ev		rise to immediate couse (a), (b)	
should be en word "per in the Chief I burial-transit I in any ever		lost	
		PART 2 OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	22	9230	
rs certificate to worthing to forwarded e used as a remayal, an	CERTIFICATION	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ate a sa	RIFF		YES NO 🔀
		210 EXTERNAL CAUSE WAS PR MARY DOOR CONTRIBUTING 6 15 PM M243 1968 7 CAUSE OF DEATH CAUSE OF DEATH 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item CAUSE OF DEATH	1B)
NER: cert shau shau files. shou at an	MEDICAL	CAUSE OF DEATH CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF NURY (At home, form, street, 21f LOCAT ON Street or R FD Na. 3 City or Town	Caunty State
EXAMINER cute the cer age 4 shau r yaur files. Page 3 sho I, cremat an		tortory office building etc.)	ord somen men
L E) Cecul Cecul Pag far \ R:P		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry X,	and in my apiniar
e executor. Porter for for ECTOR: burial,		death resulted fram. Natural causes 🔲 , Accident 🔀 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌]
please direct direct retaine DIRECT or to 3		ACTUAL OLS & BOO CHIEF MEDICAL EXAMINER D	
		SIGNATUREM.D. ASSISTANT MEDICAL EXAMINER	NED /
o DEPUTY necessary, p the funeral s may be re s runeRAL Health prior		EXAMINER'S NAME (Type) JOHN G. BALL DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) Bethesd	3/ /6 8
To DEPL necessa the fun 5 may 10 FUNE Health	230		a, Md.
F F	B	DEMOTED PRODUCE AND ADDRESS OF THE PRODUCE AND A	. C.
	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REG STRAR 5 S C	
VR A15ME (5)	RO	BERT A. PUMPHREY, Bethesda, Maryland DATE JUN 6 1968 KClia	ulas ludas

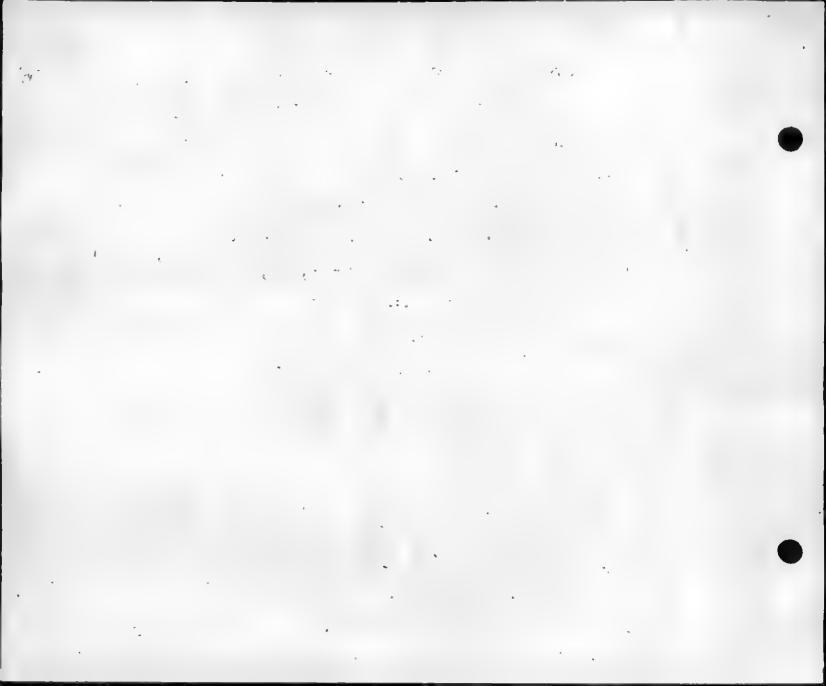


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	O C U X	0		C	ERTIFIC	ATE OF	DEATH					⊕ U	
I. DECEASED-NAME First				M ddle	Lost			20.	DATE OF DEATH			2b. HOUR	
(1	ype or print)	John		Bromley		loney,			Mont May	31	1,968	1:20M	
3. SE			t. RACE			5. DATE OF 8			6. AGE (last ber	n yeors	IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS	
	Male		Whi			2 M	arch l	1951	last ber	7 YRS	MONTHS DATS	HOURS MIN	
70 l	BIRTHPLACE (Stote or fo	reign 7b	CITIZEN OF WHAT (OUNTRY?	8. MARRIED	NEVER MA	RRIED 🔯	9, COU	INTY OF DEATH				
Washington, D.C. USA					WIDOWED DIVORCED Montgomery					ry	Md.		
10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT									125 KIND OF	BUSINESS OR			
Bethesda give_street oddress) ical Center during most of working life, even if retired.) INDUSTRY 130 USUAL RES DENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY IMMITS? 13e STREET AND NUMBER													
130	USUAL RES DENCE (Whe	ere deceosed !	ived, if institution:	Residence before	13c CITY OR	TOWN	3d INSIDE CITY		13e STREET AND				
odmission) State Maryland 136 COUNTY Bethesda YES NO 5907 Anniston							a Road						
4	FATHER'S NAME FIT		Middle	Lost			AIDEN NAME			Middle		Lost	
		ohn		y Molone				atrio				Vilson	
160	WAS DECEASED EVER II	N U.S. ARMED (If yes give wor or	dates of course	SOCIAL SECURITY N		IFORMANT	The Me	edica	al Record	1 Addrene	Clinic	al	
	(es, no, or unknown)		N	ot availa	able (Center	NTH,	Bet	thesda, J	Maryla:	nd 200	11.4	
	18. CAUSE OF DEATH										BETWEEN C	MATE INTERVAL DISET AND DEATH	
	PART I. DEATH W	/AS CAUSED BY IMMEDIATE		monary I:	nsuffi	ciency					2 Mc	onths _	
	1109			CONSEQUENCE_OF									
	Conditions, if any, which gove (b) Anemia, confective heart failure								3 We	eks			
	rise to immediate couse (o), (stating the underlying couse () DUE TO, OR AS A CONSEQUENCE OF												
	lost. (c) Metastatic osteogenic sarcoma								6 NG	onths			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)												
-	The same series of the series												
TION	190 DATE OF OPERATION 196, CONDITION FOR WH			PERATION WAS PER	20o. AUT	20o. AUTOPSY? 20b IF Y			S, WERE FINDINGS CONSIDERED IN CERTIFYING				
MEDICAL CERTIFICATION					YES NO X			CAUSES OF DEATH?					
CER	210 ACCIDENT WAS U	UNDERLYING	215. TIME OF INJ	URY	21c. HO				e of injury in Port	I or Port 2, It	em 18.)		
SI	or contributing Cause of Death HOUR A.M Month Doy Yeor [19]												
MED	21d. INJURY OCCURRE	D 21e. PLA	CE OF INJURY (AT)	19 IOME, FARM, STREET, FACT		CATION Stre	et or R.F.D. N	lo.	City or Town		County	Stote	
	While Not while of work		(OFFI	CE BUILDING, ETC	1								
	22o. I certify the	ot ON (this h	aspital) attend	ed the decease	d from 2	2 Apri	1 190	δδ ,	to 31 Ma	y , 19 t	ටර් , that	(We) lost	
	220. I certify that (N) (this haspital) attended the deceased from 22 April , 1958, to 31 May , 1958, that N) (we) lost saw the deceased alive on 21 May 1968, and that in (my) (our) opinion death occurred on the date and haur and from the												
	equses stated abave, (1) (we) (did) (did not) yiely the body after death.												
	ATTENDING - MED - STAFF										ATE SIGNED	(0	
/											May 19		
1	22d. PHYSICIAN S NAME (Type)	Fomos	ExcV T	land M 3	nd, M.D. Institutes of Health, Bethesda, Maryla								
							titute						
	BURIAL, CREMATION,	23b DATI			23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Gate of Heaven Cem. Silver Spring.)Ototote)	
	Burial (Specify)	6/3/	/68		Heav	en Cer			ilver Sp				
24 T	FUNERAL DIRECTOR	amla c	Some IJ-	ADDRESS	D C		250 REC'D		STRAR 1000	REGISTRAR'S	SIGNATURE	culate.	
O C	oseph Gawl	rel. 3 ;	oone, was	surngton	ه ناه لا و		DATE JU	3 18	6 1988	1	was how	6	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1 DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) Month V. IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE On years IE LINOER 24 HRS irthday) HOURS 9-27-00 YRS 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia DIVORCED [120. USUAL OCCUPATION Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife INDUSTRY Hesda, 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. Jefferson 14. FATHER'S NAMES IS. MOTHER'S MAIDEN NAME First Middle 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Husband Address Yes, no, or unknown) (If yes give war or dates of service) Item 13. Thomas J. Muck 579-32-6869 Same as APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH MONTHS ONGESTIVE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) NON-SPECIFIC rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4) 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO X 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH Month Day Year HOUR A.M. (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceosed from CT /2 , 1951, to MAY 26, 1968, that (I) (we) lost sow the deceased alive an MAY 25 1968, and that in (my) (wer) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 226. SIGNATURE MED. DIRECTOR DEGREE PHYS 5009 Del Ray Ave. De PHYSICIAN'S 22e. ADDRESS ROBERT G'. ANGLE NAME (Type) Bethesda, Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, (Stote)

Reformed Church Cemetary

Bethesda Maryland

ADDEST WISC. AVESO. REC'D BY REGISTRAR

DATE

5-30-68

Pumphery

Funeral Home

Shephardtown,

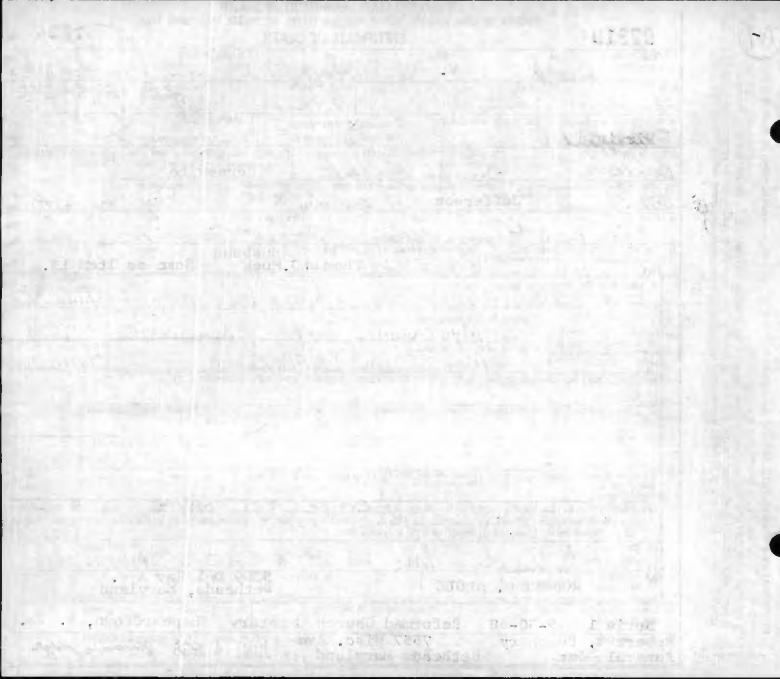
REGISTRAP S SIGNATURE

requires that the death certificate be executed within 24 hours after death completely filled in by the funeral fove carbon papers. Pages 1 and ove carbon papers. n any physician, and please ONC burial-transit signed by the has been TENDING PHYSICIAN: The law Page 4 may be retained by the haspital ar of FUNERAL DIRECTOR: After this certificate TO. Dept. of detached director, page 3 sha shauld be filed with O HOSPITAL

and 2 death.

after (

VR A15 (4) 30M REV. 1/68



111	H	em 18 Partz, Film 40 MARYLAND STATE DEPARTMENT OF HEALTH 23-68 am SDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		07320 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07325
HEALTH DEPT.		ECEASED-NAME / First / Middle Lost 20 DATE KNOWN Month D	oy Year 2b. HOUR
₩ D & 10	- (Type or Print) Harold 5" Myers. DEATH MATED [] MEAN	24 19 68 2 M
delay	3. 5	EX S. DATE OF BIRTH 6. AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Month Day Month Day	Year 2d. HOUR
A Law	Z	Marke White 1111/10 3 64 YRS. May 34	1968 2PM
E B	cour		eel Md
Pages vith for s State	10. 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12	b. KIND OF BUSINESS OR
fer death Give Page ang with t th the Stat	-	Bo the saa give street address) Su been a during root of warking the even it letired.) IN	William Calg
0	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13c. STREET AND NUMBER	W + 201
urs a n 18. ice a d2 w d2 w		ATHER'S NAME Fight Middle Last 15. MIGHER'S MAIDEN-NAME First Middle	Lost lost
	14, 1	HIVI'N ST. MILLES SENTICE S'TO	10/
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SCURITY NO. 17. INFORMANT ADDRESS	ulagh,
with year of the state of the s		(es, no, or unknown) (If yes give war or dates of service) 298-26-4972 Har old J. Mafts. Nr. 14	ithouttatel
		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED 8Y:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending" in of Medical E sit permit. I		IMMEDIATE (AUSE (a) GARGLAC APPREST	5 days
be example in the property of the property property property by the property of the property o		Conditions, if any, which gave (b) CONVULSIONS	
ruld by and re Ch		rise to immediate cause (a). (9) COTTY OLDS TOTES stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
2 * = = = =		(c) infarction, cerebrum, right, old	
s a		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writing rwarded rwarded as a paval, an	NOL	199. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certific cate, writin be farward i be used a or remaval.	CERTIFICATION	WAS PERFORMED?	YES NO
Thica iffica if be ar		216. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	18.)
tNER: Te certifice should by files. 3 should a should	MEDICAL	CAUSE OF DEATH 2 P.M. 5/41965	robert
2 + 4 + 9 =	×	where where the factory, office building feld?	County State
100 5 9 TAL		220. I certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry ,	ond in my opinion
E Se		deoth resulted from: Noturol couses , Accident , Suicide , Homicide , Undetermined monner	
please direct direct retaine DIREC	5.	CHIEF MEDICAL EXAMINER	
- Ca = = C		ACTUAL SIGNATURE	GNED
ssor fune ay b		EXAMINER'S NAME (Type) JOHN S. ROGERS DEPUTY MEDICAL EXAMINER DADRESS (Street, city, town, or county) Silver	Spring Md.
D Heel	230	BURIAL CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (C	aunty) (State)
		RINDIAL 5-28-68 Parklawn Cemetery Rockville, Mar	15
VR A15ME (5)	24.	FUMERAL DIRECTOR 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	
18M REV. 1/68		Nobert V. Timplorey Bethesda, Md. DATE MAY 29 1988 your	les Judge

THE RESERVE THE RE William Tolerand to the control of t The contract of the contract o New York and the Company of the Company